STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969352	**10/18/2018**
NAME OF PROVIDER OR SUPPLIER **CARING ANGELS HOME OF FLORIDA, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **118 MEADOWLARK DR** **ROYAL PALM BEACH, FL 33411**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An announced initial Assisted Living Facility licensure survey was conducted on 10/18/18 at Caring Angels Home of Florida, Inc for a capacity of 6. The facility had no deficiencies identified at the time of the survey.