

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/09/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11942993	(X3) DATE SURVEY COMPLETED 11/01/2018
NAME OF PROVIDER OR SUPPLIER QUEEN OF ANGELS	STREET ADDRESS, CITY, STATE, ZIP CODE 1645 BARTLETT AVENUE ORANGE PARK, FL 32073	

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

0000 - Initial Comments

An abbreviated biennial licensure survey was conducted at Queen of Angels ALF (License #8379) on 11/1/2018. There were no deficiencies found.