

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/30/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968340	(X3) DATE SURVEY COMPLETED R 10/30/2018
NAME OF PROVIDER OR SUPPLIER NURSING CARE BY ANGELS, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 8085 S BABCOCK ST PALM BAY, FL 32909	

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

0000 - Initial Comments

A second revisit to the re-licensure survey was conducted on October 30, 2018. Nursing Care by Angels, license #12241, did not have deficiencies at the time of the visit.