STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968340	R **11/20/2018**
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 revisit to a generator monitoring was conducted on 11/20/12018. Nursing Care by Angels, LLC, license #12241, had no deficiencies at the time of the visit.