STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969233	**12/21/2018**
NAME OF PROVIDER OR SUPPLIER **ANGELS WITH A DIVINE PURPOSE LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **240 SE STEPHENS ST** **MADISON, FL 32340**	

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

0000 - Initial Comments

An unannounced Limited Nursing Services monitoring visit and a generator assessment were conducted at Angels with a Divine Purpose on 12/21/18. No deficient practice was identified at the time of the survey visit.