STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968306	R **01/29/2019**
NAME OF PROVIDER OR SUPPLIER **ANGELS ON YOUR SHOULDER**	STREET ADDRESS, CITY, STATE, ZIP CODE **487 GODFREY RD SE** **PALM BAY, FL 32909**	

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

0000 - Initial Comments

Revisit to a Limited Nursing Services (LNS) monitoring was conducted on 01/29/2019. Angels On Your Shoulder license # 12257 had no deficiencies at the time of the visit.