

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/23/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969188	(X3) DATE SURVEY COMPLETED R 04/05/2019
NAME OF PROVIDER OR SUPPLIER ANGEL CARE ALF INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2821 NE 18 ST POMPANO BEACH, FL 33062	

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

0000 - Initial Comments

An unannounced revisit to the Relicensure survey was conducted on 04/05/19 at Angel Care ALF Inc., License #13005. The previously cited deficiencies were found corrected.