

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/07/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968388	(X3) DATE SURVEY COMPLETED 04/22/2019
NAME OF PROVIDER OR SUPPLIER ANGELS SENIOR AT CONNERTON COURT LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 21021 BETEL PALM LN LAND O LAKES, FL 34638	

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

0000 - Initial Comments

A complaint survey (2019001288) was conducted at Angle Senior At Connerton Court Assisted Living Facility on 4/22/2019. Angle Senior At Connerton Court Assisted Living Facility had no deficiencies identified at the time of the survey.