

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 05/17/2019
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965248	(X3) DATE SURVEY COMPLETED R 05/01/2019
NAME OF PROVIDER OR SUPPLIER HOME FOR ALL THE ANGELS CORP	STREET ADDRESS, CITY, STATE, ZIP CODE 9270 SW 42 TERRACE MIAMI, FL 33165	

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

0000 - Initial Comments

A second revisit to a biennial survey was conducted at Home for all the Angels on 05/01/19. Deficiencies were found to be corrected at the time of the survey.