

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/17/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953224	(X3) DATE SURVEY COMPLETED 05/01/2019
NAME OF PROVIDER OR SUPPLIER ANGELS GARDEN INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 8003 NORTH ROME AVENUE TAMPA, FL 33604	

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

0000 - Initial Comments

A re-licensure survey was conducted at the Angels Garden Inc. on 5/1/19. The provider had no deficiencies at the time of the visit.