STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967125	R **05/02/2019**
NAME OF PROVIDER OR SUPPLIER **ANGELES SENIOR CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **13751 SW 17 TERRACE** **MIAMI, FL 33175**	

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

0000 - Initial Comments

A second revisit to a complaint survey was conducted at Angeles Senior Care on 05/02/2019. Deficiencies were found to be corrected at the time of the survey.