

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/16/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967125	(X3) DATE SURVEY COMPLETED 12/04/2017
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

An Abbreviated Biennial Survey was conducted on December 04, 2017. Angeles Senior Care, Inc. (AL#11232) had no deficiencies identified at the time of the survey.