STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969128	**07/27/2018**
NAME OF PROVIDER OR SUPPLIER **ANGELCARE WITH A VISION INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3577A FLAT CREEK ROAD** **CHATTAHOOCHEE, FL 32324**	

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

0000 - Initial Comments

On 7/27/2018, an announced monitoring visit to complete a generator assessment was conducted at Angelcare With A Vision (Application # 71176). An initial licensure survey was conducted in conjunction. At the time of survey, there were no deficiencies.