STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969128	**03/27/2019**
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

An unannounced complaint survey (CCR2019000469) was conducted at Angelcare With A Vision Assisted Living Facility on . At the time of survey, there was no deficiencies.