STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967275	**07/03/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Nomel's Alf Inc	**3818 Jupiter Blvd Se Palm Bay, FL 32909**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0008-Admissions - Health Assessment-07/03/2014
0010-Admissions - Continued Residency-07/03/2014
0025-Resident Care - Supervision-07/03/2014
0162-Records - Resident-07/03/2014
0167-Resident Contracts-07/03/2014

Specific Tag Findings:

0000-Initial Comments
7/3/2014 2nd revisit to biennial relicensure survey was conducted.

Nomel's ALF Inc had no deficiencies found during the visit.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 3, 2014

Administrator
Nomel's Alf Inc
3818 Jupiter Blvd SE
Palm Bay, FL 32909

RE: 2nd revisit to biennial relicensure

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on July 3, 2014 by representative(s) of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Lorraine Henry at (407) 420-2502.

Sincerely,

for Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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