

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 10/15/2015
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967664	(X3) DATE SURVEY COMPLETED 10/05/2015
NAME OF PROVIDER OR SUPPLIER NORCRIST HOME, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 542 NW 8TH STREET MIAMI, FL 33136	

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

0000 Initial Comments

A limited nursing services monitoring survey was conducted on October 5, 2015. Norcrist Home, Inc. with limited nursing services and limited mental health components did not have deficiencies found at time of survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 15, 2015

Administrator
Norcris Home, Inc
542 Nw 8th Street
Miami, FL 33136

Dear Administrator:

This letter reports findings of a Limited Nursing Services Monitoring survey that was conducted on October 5, 2015 by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

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 Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

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Enclosure

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