

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968742	(X3) DATE SURVEY COMPLETED 11/29/2016
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NAME OF PROVIDER OR SUPPLIER NAMI HOME 2, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 11120 SW 10TH ST PEMBROKE PINES, FL 33025
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

An unannounced Abbreviated relicensure survey was conducted on 11/29/2016 at Nami Home 2, Inc. (License #12592). The facility had no deficiencies identified at the time of the visit.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

December 8, 2016

Administrator
Nami Home 2, Inc
11120 Sw 10th St
Pembroke Pines, FL 33025

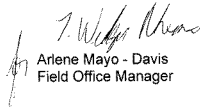
Dear Administrator:

This letter reports findings of a State Relicensure Survey that was conducted on November 29, 2016 by a representative from 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,


Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

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