STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967664	**03/14/2017**
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 March 14, 2017. Norcrist Home, Inc. (License #11671) with Limited Nursing Services and Limited Mental Health component had no deficiencies identified at the time of the survey.