

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/12/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967526	(X3) DATE SURVEY COMPLETED 03/21/2017
NAME OF PROVIDER OR SUPPLIER NAMI HOME INC	STREET ADDRESS, CITY, STATE, ZIP CODE 19380 SW 16TH STREET PEMBROKE PINES, FL 33029	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced abbreviated Relicensure survey was conducted on 3/21/2017 at Nami Home Inc, License # 11564 . The facility had no deficiencies at the time of the visit.		