

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/27/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910969	(X3) DATE SURVEY COMPLETED R 06/06/2017
NAME OF PROVIDER OR SUPPLIER JESUS OF NAZARETH ALF, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2801-2803 SW 37TH COURT MIAMI, FL 33134	

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

0000 - Initial Comments

A Monitoring revisit for residents' wellness was conducted on 06/06/17. Jesus Of Nazareth ALF, Inc. with Limited Mental Health component, (AL 4911) had no deficiencies identified at the time of the visit: