

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/13/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967664	(X3) DATE SURVEY COMPLETED 07/05/2017
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 July 5th, 2017. Norcrist Home, Inc. (License # 11671) with Limited Nursing Services and Limited Mental Health components had deficiencies cited under the biennial survey.