STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953486	R **08/02/2017**
NAME OF PROVIDER OR SUPPLIER **NORITA ADULT FAMILY CARE, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **11971 SW 118 STREET** **MIAMI, FL 33186**	

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

0000 - Initial Comments

A limited nursing services monitoring revisit survey was conducted on August 2nd, 2017. Norita Adult Family Care, Inc. with Limited Nursing Services and Limited Mental Health components and license #8591 did not have deficiencies identified at the time of the survey.