

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/20/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967664	(X3) DATE SURVEY COMPLETED R 08/21/2017
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

An Abbreviated Biennial Survey Revisit was conducted on August 21, 2017. Norcrist Home, Inc. (license # 12908) with Limited Nursing Services and Limited Mental Health components had no deficiencies identified at the time of the survey.