STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953486	R **03/27/2018**
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 Standard Biennial 2nd revisit survey was conducted on 03/27/2018. Norita Adult Family Care, Inc. with Limited Nursing Services and Limited Mental Health components, license #8591, had no deficiencies identified at the time of the survey.