

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/16/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910997	(X3) DATE SURVEY COMPLETED R 03/29/2018
NAME OF PROVIDER OR SUPPLIER NIGHTINGALE MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 1753 MICHIGAN AVENUE MIAMI BEACH, FL 33139	

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

0000 - Initial Comments

A Standard Biennial Revisit Survey was conducted on March 29, 2018. Nightingale Manor (license #4687) had no deficiencies identified at the time of the survey: