STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966075	R **04/02/2018**
NAME OF PROVIDER OR SUPPLIER **NONNA GLORIA, ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **12748 NW 98 COURT** **HIALEAH, FL 33018**	

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

0000 - Initial Comments

A standard biennial revisit survey was conducted on April 02, 2018. Nonna Gloria ALF, Inc. (Lic# 10339) with Limited Mental Health component had no deficiencies identified at time of the survey.