STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967844	R **05/07/2018**
NAME OF PROVIDER OR SUPPLIER **NOMEL'S ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **332 BISCAYNE LANE** **SEBASTIAN, FL 32958**	

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

0000 - Initial Comments

A Desk Review to licensure complaint survey, CCR#2017014922, was conducted on 05/07/18 for Nomel's ALF Inc., License #11834. The previously cited deficiencies were found corrected.