

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/22/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967275	(X3) DATE SURVEY COMPLETED R 05/15/2018
NAME OF PROVIDER OR SUPPLIER NOMEL'S ALF INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3818 JUPITER BLVD SE PALM BAY, FL 32909	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments 5/15/18 desk review conducted to relicensure survey. Nomel's ALF Inc., license # 11305, had no deficiencies at the time of the review.		