| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11967407** | **07/09/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**HOSTAL NOSTALGIA ALF** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**10670 SW 7 TERRACE**<br>**MIAMI, FL 33174** | |

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

**0000 - Initial Comments**

An Abbreviated Biennial Survey was conducted on July 09, 2018. Hostal Nostalgia ALF (License # 11470) with Limited Mental and Limited Nursing Services components had no deficiencies identified at the time of the survey.