

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 07/30/2018
FORM APPROVED**

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

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

0000 - Initial Comments

A Limited Nursing Services Monitoring 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.