STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967448	**08/29/2018**
NAME OF PROVIDER OR SUPPLIER **CHANEL NURSING CARE ALF, CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **14111 SW 43 STREET** **MIAMI, FL 33175**	

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

0000 - Initial Comments

A Limited Nursing Services Monitoring Survey was conducted on August 29, 2018. Chanel Nursing Care Alf, Corp. (license # 11496) with limited nursing services and limited mental health components had deficiencies identified under the Biennial Survey.