STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967844	R **10/11/2018**
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 Relicensure third revisit survey was conducted by desk review on 10/11/2018 for Nomel's ALF Inc, License #11834. The outstanding deficiency was found corrected on the day of the survey.