STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967526	**10/02/2018**
NAME OF PROVIDER OR SUPPLIER **NAMI HOME INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **19380 SW 16TH STREET** **PEMBROKE PINES, FL 33029**	

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

0000 - Initial Comments

An unannounced licensure complaint survey, CCR #2018010165, was conducted on 10/02/2018 at Nami Home Inc, License #11564. The facility had no deficiencies at the time of the survey.

During the above complaint survey conducted on 10/02/2018, a Generator Assessment was completed.