

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/26/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967448	(X3) DATE SURVEY COMPLETED R 11/01/2018
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 Standard Biennial Survey Revisit was conducted on November 1, 2018. Chanel Nursing Care Alf, Corp. (license # 11496) with limited nursing services and limited mental health components had no deficiencies identified at the time of the survey.