STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967419	R **11/30/2018**
NAME OF PROVIDER OR SUPPLIER **NUESTRA CASA**	STREET ADDRESS, CITY, STATE, ZIP CODE **1906 NORTH A ST** **LAKE WORTH, FL 33460**	

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

0000 - Initial Comments

An unannounced Relicensure revisit survey was conducted by desk review on 11/30/2018 for Nuestra Casa, License #11471. The previously cited deficiency was found corrected at the time of the survey.