

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/13/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966014	(X3) DATE SURVEY COMPLETED R 12/06/2018
NAME OF PROVIDER OR SUPPLIER VILLA NORA ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 4040 WEST 10 COURT HIALEAH, FL 33012	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A Standard Biennial revisit survey was conducted on . Villa Nora ALF. Villa Nora ALF had a deficiency identified at time of the survey. 0004 - Licensure - Requirements - 58A-5.016 FAC Based on record review and interview the facility failed to have a satisfactory sanitation report available for review. Finding included: Review of the sanitation inspection was dated was incomplete. The facility did not have proof of the current sanitation inspection was cleared available for review. On at 12:15 PM the Administrator acknowledged the facility did not have a current sanitation inspection. Class III		

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