

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/07/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966014	(X3) DATE SURVEY COMPLETED R 01/22/2019
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 second revisit survey was conducted on 01/22/2019. The facility Villa Nora ALF had no deficiencies at time of the survey.