STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967526	**01/25/2019**
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 Abbreviated Relicensure survey was conducted on 01/25/2019 at Nami Home, Inc., License #11564. The facility had no deficiencies at the time of the survey.