STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966621	**02/01/2018**
NAME OF PROVIDER OR SUPPLIER **NINA'S HAVEN**	STREET ADDRESS, CITY, STATE, ZIP CODE **10620 SUNSET STRIP** **SUNRISE, FL 33322**	

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

0000 - Initial Comments

An unannounced relicensure survey was conducted on 2/01/18 at Nina's Haven ALF, License # 10795.
The facility had no deficiencies at the time of the visit.