

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 07/25/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11953670	(X3) DATE SURVEY COMPLETED 06/17/2013
NAME OF PROVIDER OR SUPPLIER South Deering Retirement Home,	STREET ADDRESS, CITY, STATE, ZIP CODE 9730 Sw 160 Street Miami, FL 33157	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

A Complaint Survey (CCR#2013004167) was conducted in your Assisted Living Facility on 6-17-13. South Deering Retirement Home had no deficiencies found at the time of the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 1, 2013

Administrator
South Deering Retirement Home,
9730 Sw 160 Street
Miami, FL 33157

Re: CCR #2013004167

Dear Administrator:

This letter reports the findings of a complaint survey completed on June 17, 2013 by representative(s) of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey.

The *Quality Assurance Questionnaire* has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions, please contact Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure

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