

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 07/02/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11910908	(X3) DATE SURVEY COMPLETED 06/11/2014
NAME OF PROVIDER OR SUPPLIER East Ridge Retirement Village Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 19301 Sw 87th Avenue Miami, FL 33157	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

E210-Ecc - Training-06/11/2014

Revisit Repeat Tags:

Revisit New Tags:

Specific Tag Findings:

0000-Initial Comments

An follow up to an Extended Congregate Care (ECC) Monitoring survey was conducted on June 11,2014. East Ridge Retirement Village had no deficiencies found at time of survey.



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

July 2, 2014

Administrator
East Ridge Retirement Village Inc
19301 Sw 87th Avenue
Miami, FL 33157

Dear Administrator:

This letter reports the findings of a extended congregate care monitoring survey revisit conducted on June 11, 2014 by representative(s) of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit.

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 call Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD:kb
Enclosure

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