

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964927	(X3) DATE SURVEY COMPLETED 01/22/2015
NAME OF PROVIDER OR SUPPLIER Richland Retirement Senior Home	STREET ADDRESS, CITY, STATE, ZIP CODE 3508 Sw 26 Street Miami, FL 33133	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0093-Food Service - Dietary Standards-01/22/2015
0162-Records - Resident-01/22/2015

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial Survey revisit was conducted on 01/22/15. Richland Retirement Senior Home had no deficiencies at time of the survey.



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

January 30, 2015

Administrator
Richland Retirement Senior Home
3508 Sw 26 Street
Miami, FL 33133

Dear Administrator:

This letter reports the findings of a Standard Biennial licensure survey revisit conducted on January 22, 2015 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 Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,


Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

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