STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11912047	04/06/2016
NAME OF PROVIDER OR SUPPLIER **CAPRICORN RETIREMENT HOME INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **13720 NW 1 AVENUE** **MIAMI, FL 33168**	

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

0000 Initial Comments

A Complaint Survey (2016002932) was conducted on 03/29/16 to 04/04/16. Capricorn Retirement Home, Inc with Limited Mental Health(LMH) component had deficiencies cited under Standard survey:

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 18, 2016

Administrator
Capricorn Retirement Home Inc
13720 Nw 1 Avenue
Miami, FL 33168

RE: CCR # 2016002932

Dear Administrator:

This letter reports the findings of a complaint survey completed on April 6, 2016 by representative(s) of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form. Associated deficiencies were cited under the biennial 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 Sonia Bailey, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD/sb
Enclosure

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