

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 05/03/2016
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968935	(X3) DATE SURVEY COMPLETED R 04/08/2016
NAME OF PROVIDER OR SUPPLIER EAST RIDGE RETIREMENT VILLAGE, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 19225 SW 87TH AVE MIAMI, FL 33157	

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

0000 Initial Comments

A complaint (CCR# 2016000380) survey Revisit was conducted from 4/08/2016. East Ridge Retirement Village, Inc. with Extended Congregate Care component had no deficiencies identified at the time of survey:



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 3, 2016

Administrator
East Ridge Retirement Village, Inc
19225 Sw 87th Ave
Miami, FL 33157

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on April 8, 2016 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 Sonia Bailey, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,


Arlene Mayo-Davis, RN
Field Office Manager

AMD/sb
Enclosure

DT9D

