

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/22/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953670	(X3) DATE SURVEY COMPLETED R 03/06/2017
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A Complaint (CCR 2015009257) Survey, 4th revisit, was conducted on 03/06/2017. South Deering Retirement Home with Limited Mental health (AL 8674) had no deficiencies found at the time of survey.		