

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/18/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964927	(X3) DATE SURVEY COMPLETED R 03/30/2017
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A Biennial Revisit Survey was conducted on 03/30/2017. Richland Retirement Senior Home with standard license #9475 had no deficiencies identified at the time of the survey.