STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969210	R **09/01/2017**
NAME OF PROVIDER OR SUPPLIER **ADA RETIREMENT HOME INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **230 SW 119TH AVE** **MIAMI, FL 33184**	

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

0000 - Initial Comments

An initial revisit survey was conducted on 09/01/2017. Ada Retirement Home Inc had no deficiency identified at the time of the survey. Licensure for a capacity of six (6) residents is recommended.