

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/02/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953670	(X3) DATE SURVEY COMPLETED R 08/30/2017
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 Standard Biennial Revisit Survey was conducted on 08/30/17. South Deering Retirement Home, Inc. with Limited Mental Health component license #8674 had the following deficiency found at the time of the survey: 0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC Based on observation and interview, the facility failed to maintain the Findings Included: On at 10:56 AM observed mirror in # was replaced, but the wall had small holes and was not painted. 10:59 AM Staff A stated "We replaced the mirror, but we have to cover the holes and paint the wall." Class III		