STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911031	**08/25/2017**
NAME OF PROVIDER OR SUPPLIER **RONA'S RETIREMENT HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **10900 SW 177 TERRACE** **MIAMI, FL 33157**	

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

0000 - Initial Comments

A complaint (CCR #2017006472) survey was conducted on , 2017 and concluded on , 2017. Rona's Retirement Home with limited mental health component and license number 5566 had the following deficiency identified at the time of the survey:

0160 - Records - Facility - 58A-5.024(1) FAC

Based on record review and interview, the Assisted Living Facility failed to have an up-to-date admission and discharge log.

Findings included:

Review of Admission and discharge log revealed Resident #6 admission date was on and discharge date was on .

In an interview on at 1:00 PM the Administrator stated, "I have not included Resident #6 yet."

Record review revealed Resident #6 was not listed on the log.

Observation on at 1:02 PM revealed the Administrator added Resident #6 to the admission and discharge log.

Class III