STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911859	R **10/09/2017**
NAME OF PROVIDER OR SUPPLIER **SENIOR RETIREMENT HOME, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3033 SW 6 STREET** **MIAMI, FL 33135**	

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

0000 - Initial Comments

A complaint revisit survey (CCR #2017007526) was conducted from 09/28/17 to 10/09/17. Senior Retirement Home license #7813 had no deficiencies found at the time of the survey.