STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953670	R **11/07/2017**
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 Second Revisit Survey was conducted on 11/07/17. South Deering Retirement Home, Inc. with Limited Mental Health component (license #8674) had no deficiencies found at the time of the survey.