

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/22/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911031	(X3) DATE SURVEY COMPLETED R 11/08/2017
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 #2017003340) 2nd revisit survey was conducted on 11/08/2017. Rona's Retirement Home with limited mental health component (AL 5566) had no deficiencies identified at the time of the survey.