

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/15/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911859	(X3) DATE SURVEY COMPLETED R 05/02/2018
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 Standard Biennial Second Revisit Survey was conducted on 05/02/2018. Senior Retirement Home (license #7813) had no deficiencies found at time of the survey.