

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/17/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966756	(X3) DATE SURVEY COMPLETED R 08/28/2018
NAME OF PROVIDER OR SUPPLIER RITA MARIA GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 15348 S W 33 LANE MIAMI, FL 33185	

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

0000 - Initial Comments

A Standard Biennial Survey Revisit was conducted on 08/28/18. Rita Maria Group Home, Inc. (License #10908) had a deficiency found at the time of the survey cited under the complaint survey.