

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/30/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911031	(X3) DATE SURVEY COMPLETED 10/02/2018
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 Survey (CCR# 2018013478) was conducted on 09/07/2018 and concluded on 10/02/2018. Rona's Retirement Home with Limited Mental Health component, license # 5566, had no deficiencies identified related to the complaint.