

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/13/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964927	(X3) DATE SURVEY COMPLETED 11/06/2018
NAME OF PROVIDER OR SUPPLIER RICHLAND RETIREMENT SENIOR HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3508 SW 26 STREET MIAMI, FL 33133	

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

0000 - Initial Comments

A Complaint (CCR #2018016278) Survey was conducted on 11/06/2018. Richland Retirement Senior Home had deficiencies identified at the time of the survey cited under the biennial.