STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911031	R 02/11/2019
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 standard biennial third revisit survey was conducted on . . . . . Rona's Retirement Home with limited mental health component had deficiencies identified at the time of the survey.

0004 - Licensure - Requirements - 58A-5.016 FAC

Based on record review and interview, the facility failed to have a satisfactory annual health inspection report available for review.

Finding included:

Review of the health inspection revealed it was last approved on . . . . . On The facility did not have proof of the current health inspection available for review.

On //19 at 8:00 AM the administrator stated that she had it up to date and that she was going to get it and fax it to the local office as soon as possible.

Class III

0127 - Fiscal - Liability Insurance - 429.275 (3) FS; 58A-5.021(4) FAC

Based on record review and interview, the facility failed to maintain liability insurance coverage that is in force at all times.

Findings Included:

On . . . . . record review showed the facility had an expired liability insurance coverage dated . . . . . and expired .

On at 8:00 AM, the administrator stated she has been in the process of updating all the permits and license and she thought that this one was up to date and that she was going to check it.

Class III