

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/28/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968935	(X3) DATE SURVEY COMPLETED 01/30/2019
NAME OF PROVIDER OR SUPPLIER EAST RIDGE RETIREMENT VILLAGE, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 19225 SW 87TH AVE MIAMI, FL 33157	

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

0000 - Initial Comments

A Complaint 2019000396 survey was conducted from 01/28/2019 to 01/30/2019. East Ridge Retirement Village with ECC license had deficiencies identified at the time of the survey, cited under the monitoring survey (FAGQ11).