

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/13/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968608	(X3) DATE SURVEY COMPLETED 10/04/2016
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NAME OF PROVIDER OR SUPPLIER FLORIDIAN GARDENS ASSISTED LIVING FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 17250 SW 137 AVENUE MIAMI, FL 33177
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

A Financial Monitoring was conducted from 09/27/2016 till 10/04/2016. Floridian Gardens with Limited mental Health component had deficiencies identified, which were cited under complaint investigation conducted on the same dates.