

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/22/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968608	(X3) DATE SURVEY COMPLETED R 02/23/2017
NAME OF PROVIDER OR SUPPLIER FLORIDIAN GARDENS ASSISTED LIVING FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 17250 SW 137 AVENUE MIAMI, FL 33177	

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

0000 - Initial Comments

A Resident wellness monitoring survey revisit, was conducted on 02/22/2017 and 02/23/2017 Floridian Gardens Assisted Living Facility with Limited Mental Health component, license # 12484 had no deficiencies identified at the time of the survey: