

**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 02/22/2017
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 Complaint (CCR 2016009485) Second Revisit Survey was conducted on 02/22/17. Floridian Gardens Assisted Living Facility, Licence#12489 with Extended Congregate care and Limited Mental Health components had no deficiencies found at the time of the survey.