

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/28/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967297	(X3) DATE SURVEY COMPLETED R 03/06/2017
NAME OF PROVIDER OR SUPPLIER GARDEN VALLEY RETIREMENT HOME, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 18140 NW 90 AVENUE MIAMI, FL 33018	

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

0000 - Initial Comments

A Complaint Survey (CCR#2016013184) Revisit was conducted on March 06, 2017. Garden Valley Retirement Home Llc. (License # 11388) with Limited Mental Health component had no deficiencies identified at the time of the survey.