

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/18/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968608	(X3) DATE SURVEY COMPLETED 03/31/2017
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 monitoring survey to check on the residents was conducted on 03/02/17, 03/07/17, 03/16/17, 03/21/17 and 03/30/17. Floridian Gardens Assisted Living Facility with Limited Mental Health component, license # 12484 had no deficiencies found at the time of the survey.