STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910385	R **06/07/2017**
NAME OF PROVIDER OR SUPPLIER **TROPICAL GARDEN VILLAS INC. (H**	STREET ADDRESS, CITY, STATE, ZIP CODE **432 SOUTH 'F' STREET** **LAKE WORTH, FL 33460**	

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

0000 - Initial Comments

A desk review revisit to the complaint survey #2016014416 was conducted on 06/07/2017 for Tropical Garden Villas Inc. (home) Assisted Living Facility located in Lake Worth FL, License # 5553. The facility had no deficiencies at the time of the visit.