

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/14/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953640	(X3) DATE SURVEY COMPLETED 06/14/2017
NAME OF PROVIDER OR SUPPLIER HOPE GARDEN ASSISTED LIVING & ECC, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2011 NW 59TH WAY LAUDERHILL, FL 33319	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced licensure complaint survey, CCR#2017002888, was conducted on 06/14/2017 at Hope Garden Assisted Living Facility & ECC, Inc.- License # 8658. The facility had no deficiencies at the time of the investigation.		