

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 08/08/2017
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910644	(X3) DATE SURVEY COMPLETED R 07/27/2017
NAME OF PROVIDER OR SUPPLIER APOLLO GARDENS RETIREMENT RESIDENCE	STREET ADDRESS, CITY, STATE, ZIP CODE 2718 JOHNSON STREET HOLLYWOOD, FL 33020	

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

0000 - Initial Comments

A Relicensure revisit survey was conducted by desk review on 7/27/2017 for Apollo Gardens Retirement Residence Care, Inc. ALF, License #7341. The facility had no uncorrected deficiencies at the time of the visit.