STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967039	R **08/30/2017**
NAME OF PROVIDER OR SUPPLIER **GARDEN HILLS RETIREMENT CENTER, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **10337 SW 159 COURT** **MIAMI, FL 33196**	

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

0000 - Initial Comments

A Standard Biennial Re-visit Survey was conducted on 08/30/17. Garden Hills Retirement Center Inc. with a standard license # 11134 had no deficiency identified at the time of the survey.