

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/06/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11942762	(X3) DATE SURVEY COMPLETED 10/10/2017
NAME OF PROVIDER OR SUPPLIER PRINCESS GARDENS ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 5120 -22 NW 4 TERRACE MIAMI, FL 33126	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on 10/10/17. Princess Gardens ALF with Limited Mental Health component, license #8303 had no deficiencies found at time of the survey.