STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967674	R **12/29/2017**
NAME OF PROVIDER OR SUPPLIER **TROPICAL GARDEN VILLAS NORTH**	STREET ADDRESS, CITY, STATE, ZIP CODE **420 CRESCENT CIRCLE** **LAKE PARK, FL 33403**	

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

0000 - Initial Comments

A relicensure revisit survey was completed as a desk review on 12/29/17 for Tropical Garden Villas North, license # 11690. The facility corrected all outstanding deficiencies.