STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968178	**12/12/2017**
NAME OF PROVIDER OR SUPPLIER **HOLY GARDEN ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2904 NORTH 36TH AVENUE** **HOLLYWOOD, FL 33021**	

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

0000 - Initial Comments

An unannounced relicensure survey was conducted on 12/12/2017 at Holy Garden ALF, license number 12110. The facility had no deficiencies at the time of the visit.