

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 01/09/2018  
FORM APPROVED

|                                                               |                                                                                                 |                                                                     |
|---------------------------------------------------------------|-------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                     | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11968268</b>                     | (X3) DATE SURVEY COMPLETED<br><br><b>R</b><br><br><b>12/28/2017</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>ELITE GARDEN, LLC.</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>4319 NEPTUNE RD</b><br><b>SAINT CLOUD, FL 34769</b> |                                                                     |

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

**0000 - Initial Comments**

A second revisit to the re-licensure survey was conducted on 12/28/2017. Elite Garden, LLC, License#12178, did not have deficiencies at the time of the visit.