

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/16/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911858	(X3) DATE SURVEY COMPLETED R 02/08/2018
NAME OF PROVIDER OR SUPPLIER TROPICAL GARDEN VILLAS INC. (A	STREET ADDRESS, CITY, STATE, ZIP CODE 428 SOUTH 'F' STREET LAKE WORTH, FL 33460	

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

0000 - Initial Comments

A Relicensure survey revisit was conducted as a desk review on 02/08/2018 for Tropical Garden Villas Inc (Annex), License #7903. The facility corrected all outstanding deficiencies.