

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/20/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910385	(X3) DATE SURVEY COMPLETED R 02/08/2018
NAME OF PROVIDER OR SUPPLIER TROPICAL GARDEN VILLAS INC. (H	STREET ADDRESS, CITY, STATE, ZIP CODE 432 SOUTH 'F' STREET LAKE WORTH, FL 33460	

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

0000 - Initial Comments

A relicensure revisit survey was conducted as a desk review for Tropical Gardens Villas Inc . (home), license#5553. The facility corrected all outstanding deficiencies.