

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/21/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968178	(X3) DATE SURVEY COMPLETED R 02/09/2018
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

A desk review revisit to the Monitoring Survey at Holy Garden ALF, Inc,(License #12110) was conducted on 2/09/2018. There were no deficiencies found at the time of the revisit.