

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/01/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968608	(X3) DATE SURVEY COMPLETED R 01/24/2018
NAME OF PROVIDER OR SUPPLIER FLORIDIAN GARDENS ASSISTED LIVING FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 17250 SW 137 AVENUE MIAMI, FL 33177	

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

0000 - Initial Comments

A Biweekly Monitoring Revisit Survey for checking residents' wellness was conducted on January 24th, 2018. Floridian Gardens with Limited Mental Health and Extended Congregate Care components, license # 12489 had deficiencies identified at the time of survey and cited under biennial survey.