

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/07/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968608	(X3) DATE SURVEY COMPLETED 01/25/2018
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 full monitoring survey was conducted on 01/24/2018 through 01/25/2018. Floridian Gardens with Limited mental health , Limited Nursing and Extended Congregate Care services (AL 12489). Deficiencies found were cited under the Biennial Survey (Event ID 1RLP11).