

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/17/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911213	(X3) DATE SURVEY COMPLETED R 04/02/2018
NAME OF PROVIDER OR SUPPLIER RANMAR GARDENS	STREET ADDRESS, CITY, STATE, ZIP CODE 1454 NE 56TH STREET FORT LAUDERDALE, FL 33334	

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

0000 - Initial Comments

An unannounced follow-up to the relicensure survey was conducted on 04/02/2018 at Ranmar Gardens, License #5552. The facility had no deficiencies found at the time of the visit.

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ADMINISTRATION**

PRINTED: 04/20/2018
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