STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910970	R **04/16/2018**
NAME OF PROVIDER OR SUPPLIER **TGL RESIDENCE & ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **3210 SW 104 COURT** **MIAMI, FL 33165**	

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

0000 - Initial Comments

A Complaint (CCR #2017008558) survey third revisit was conducted on 04/16/18. TGL Residence & ALF (license #5959) had no deficiencies found at the time of the survey.