

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/09/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910970	(X3) DATE SURVEY COMPLETED 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 Standard Biennial revisit survey was conducted on 04/16/18. TGL Residence & ALF (license #5959) had no deficiencies found at the time of the survey.