STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953640	R **07/11/2018**
NAME OF PROVIDER OR SUPPLIER **HOPE GARDEN ASSISTED LIVING & ECC, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2011 NW 59TH WAY** **LAUDERHILL, FL 33319**	

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

0000 - Initial Comments

A Relicensure revisit survey was conducted by desk review on 07/10/2018 and 07/11/2018 for Hope Garden ALF, license #8658. The facility corrected all outstanding deficiencies.