

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/30/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968608	(X3) DATE SURVEY COMPLETED R 06/25/2018
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 Wellness Revisit Monitoring visit was conducted from 06/25/2018. Floridian Gardens ALF with Limited mental health , Limited Nursing and Extended Congregate Care services License #12489 had deficiencies identified under Aspen number 7UW911: