

**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 06/12/2018
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 Monitoring Survey (Moratorium) was conducted on 06/06/2018 & 06/12/2018. Floridian Gardens with Extended Congregated Care and Limited Mental Health components, license # 12484.