

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/17/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968679	(X3) DATE SURVEY COMPLETED R 08/15/2018
NAME OF PROVIDER OR SUPPLIER GRANNY'S GARDEN HOME ALF, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 11173 SW 112 STREET MIAMI, FL 33176	

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

0000 - Initial Comments

A standard biennial survey revisit was conducted on 05/24/2018. Granny's Gardens home ALF LLC, (Licence 12558) with a limited mental health component, had no deficiencies identified at the time of the survey.