

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/18/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953640	(X3) DATE SURVEY COMPLETED 09/05/2018
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

An unannounced licensure complaint survey, CCR#2018008438 for a twelve (12) bed Assisted Living Facility was conducted on August 27, 2018 and September 5, 2018 at Hope Garden Assisted Living and ECC Inc., License #8658. The facility had no deficiencies identified at the time of the visit.