STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969425	**09/24/2018**
NAME OF PROVIDER OR SUPPLIER **GARDENS RESIDENCE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **114 CHESTNUT CIR** **ROYAL PALM BEACH, FL 33411**	

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

0000 - Initial Comments

An Initial Assisted Living Facility Licensure survey was conducted on 09/24/2018 at Garden Residence Inc. The facility had no deficiencies found during the time of the survey.