

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/08/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967297	(X3) DATE SURVEY COMPLETED R 10/10/2018
NAME OF PROVIDER OR SUPPLIER GARDEN VALLEY RETIREMENT HOME, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 18140 NW 90 AVENUE MIAMI, FL 33018	

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

0000 - Initial Comments

A Standard Biennial Revisit Survey was conducted on 10/10/18. Garden Valley Retirement Home LLC with a Limited Mental Health component, had no deficiencies identified at the time of the survey.