STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965941	R **11/21/2018**
NAME OF PROVIDER OR SUPPLIER **GARDEN OF HEALTH (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **1910 NE 56 ST** **FORT LAUDERDALE, FL 33308**	

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

0000 - Initial Comments

An unannounced Relicensure revisit survey was conducted on 11/21/2018 at Garden of Health (The) Assisted Living Facility LLC, License #10228. The facility corrected all previously cited deficiencies identified at the time of the revisit.