

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/22/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910644	(X3) DATE SURVEY COMPLETED 01/23/2019
NAME OF PROVIDER OR SUPPLIER APOLLO GARDENS RETIREMENT RESIDENCE	STREET ADDRESS, CITY, STATE, ZIP CODE 2718 JOHNSON STREET HOLLYWOOD, FL 33020	

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

0000 - Initial Comments

An unannounced licensure complaint survey (CCR #2018016317) was conducted on 1/22/19 - 1/23/19 at Apollo Gardens Retirement Residence Care Inc., License #7341. The facility had no deficiencies at the time of the survey.

An unannounced Relicensure survey was conducted in conjunction with this survey. Please see separate report for findings.