STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910644	R **02/26/2019**
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 second revisit survey, CCR #2018010553, was conducted by desk review on 02/26/2019 for Apollo Gardens Retirement Residence Care, Inc., License #7341. The previously cited deficiency was found corrected at the time of the survey.