

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/03/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968268	(X3) DATE SURVEY COMPLETED 04/16/2019
NAME OF PROVIDER OR SUPPLIER ELITE GARDEN, LLC.	STREET ADDRESS, CITY, STATE, ZIP CODE 4319 NEPTUNE RD SAINT CLOUD, FL 34769	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced monitoring visit related to emergency environmental control plan was conducted at Elite Garden, LLC located in St. Cloud, Florida on 04/16/2019. There was no deficient practice found at the time of the monitoring visit.		