

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/22/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968608	(X3) DATE SURVEY COMPLETED R 05/13/2019
NAME OF PROVIDER OR SUPPLIER FLORIDIAN GARDENS ASSISTED LIVING FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 17250 SW 137 AVENUE MIAMI, FL 33177	

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

0000 - Initial Comments

A revisit to a complaint investigation (complaint number 2018015300) was conducted at Floridian Assisted Living Facility on May 1st, 2019 and concluded on May 13th, 2019. Deficiencies were identified at the time of survey and cited under Event ID# 1RLP15, conducted on the same days.