

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 05/24/2019
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968178	(X3) DATE SURVEY COMPLETED R 05/22/2019
NAME OF PROVIDER OR SUPPLIER HOLY GARDEN ALF, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2904 NORTH 36TH AVENUE HOLLYWOOD, FL 33021	

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

0000 - Initial Comments

A revisit to the Monitoring survey was conducted by desk review for Holy Garden ALF , Inc. on 05/22/19. Deficiencies were found corrected at the time of the survey.