STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910644	R **03/27/2019**
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 revisit to the Relicensure survey was conducted on 03/27/2019 at Apollo Gardens Retirement Residence Care, Inc., License #7341. The previously cited deficiencies were found corrected at the time of the survey.