

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 12/03/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964669	(X3) DATE SURVEY COMPLETED 11/20/2013
NAME OF PROVIDER OR SUPPLIER Arden Courts Of Seminole	STREET ADDRESS, CITY, STATE, ZIP CODE 9300 Antilles Street, North Seminole, FL 33776	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0025-Resident Care - Supervision-11/20/2013



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 4, 2013

Administrator
Arden Courts of Seminole
9300 Antilles Street, North
Seminole, FL 33776

Dear Administrator:

This letter reports the findings of two state licensure survey revisits conducted on November 20, 2013, by representative(s) of this office.

Attached are the provider's copies of the State Forms (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisits.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

for

Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosures: State Forms (5000-3547)

