

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964664	(X3) DATE SURVEY COMPLETED 12/04/2014
NAME OF PROVIDER OR SUPPLIER Arden Courts Of Delray Beach	STREET ADDRESS, CITY, STATE, ZIP CODE 16150 Jog Rd. Delray Beach, FL 33446	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

An unannounced licensure complaint survey, CCR# 2014008720 and CCR# 2014008744, was conducted on 12/3/14 through 12/4/14 at Arden Courts of Delray Beach. The facility had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 16, 2014

Administrator
Arden Courts Of Delray Beach
16150 Jog Rd.
Delray Beach, FL 33446

RE: CCR #2014008720 and #2014008744

Dear Administrator:

This letter reports the findings of a Complaint Survey completed on December 4, 2014 by a representative from this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey.

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 representative. Should you have any questions, please contact this office at (561) 381-5840.

Sincerely,


Arlene Mayo-Davis
Field Office Manager

AMD/jw
Enclosure

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