STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953381	11/04/2015
NAME OF PROVIDER OR SUPPLIER **ARLINGTON GARDENS, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **7550 60TH WAY NORTH** **PINELLAS PARK, FL 33781**	

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

0000 Initial Comments

Assisted Living Facility Licensure

On November 04, 2015, a biennial relicensure survey in conjunction with a revisit to complaint survey of 9/22/15, was conducted at Arlington Garden Assist Living Facility. Deficient practice was not identified during the survey.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 17, 2015

Administrator
Arlington Gardens, LLC
7550-60th Way North
Pinellas Park, FL 33781

Dear Administrator

This letter reports findings of a state licensure survey revisit and a biennial state licensure survey that were conducted on November 4, 2015, by representative(s) of this office. Attached are the provider's copy of the Revisit Report, which indicates the previously cited deficiency was corrected, and the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the 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 surveyor(s). Should you have any questions please call **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

for Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosures: Revisit Report & State (5000-3547) Form

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone:(727) 552-2000; Fax:(727) 552-1162
AHCA.MyFlorida.com