AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964669	**02/18/2016**
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

ASSISTED LIVING FACILITY

A complaint survey (CCR2016001387) was conducted on 2/18/16. The Arden Courts of Seminole had no deficiencies at the time of the visit.