STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965334	10/25/2016
NAME OF PROVIDER OR SUPPLIER **ARDEN COURTS OF WINTER SPRINGS**	STREET ADDRESS, CITY, STATE, ZIP CODE **1057 WILLA SPRINGS DRIVE** **WINTER SPRINGS, FL 32708**	

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

0000 Initial Comments

A monitoring visit to accompany representatives from Seminole County Health Department was conducted on 10/12/2016 and 10/25/2016. Arden Courts of Winter Springs did not have deficiencies at the time of the visit.

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

November 7, 2016

Administrator
Arden Courts Of Winter Springs
1057 Willa Springs Drive
Winter Springs, FL 32708

RE: Monitoring visit with the Health Department

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on October 12, 2016 and on October 25, 2016 by representative(s) of this office. Attached is the provider's copy of 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 Lorraine Henry at (407) 420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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