STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953381	**02/28/2017**
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

A capacity increase was conducted on 2/28/17. Arlington Gardens, Assisted Living Facility, had no deficient practice identified at the time of the visit. A recommendation for a capacity increase is being made at this time.

(License # 5299)