STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965667	R **03/02/2017**
NAME OF PROVIDER OR SUPPLIER **ARBOR OAKS AT GREENACRES**	STREET ADDRESS, CITY, STATE, ZIP CODE **3400 JOG RD** **GREENACRES, FL 33467**	

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

0000 - Initial Comments

An unannounced revisit was conducted at Arbor Oaks at Greenacres (License #9996) on 3/02/2017.
The facility had no deficiencies identified at the time of the survey.