

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/22/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965667	(X3) DATE SURVEY COMPLETED 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 complaint survey (CCR#2016014283) was conducted on 03/02/2017 at Arbor Oaks at Greenacres (License#9996). There were no deficiencies found at the time of the visit.