

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/24/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11942983	(X3) DATE SURVEY COMPLETED R 03/16/2017
NAME OF PROVIDER OR SUPPLIER AIDEN SPRINGS	STREET ADDRESS, CITY, STATE, ZIP CODE 5520 HOWELL BRANCH ROAD WINTER PARK, FL 32792	

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

0000 - Initial Comments

A revisit to the complaint investigation #2017000959 was conducted on 03/16/2017. Aiden Springs, license #8419 had no deficiencies at the time of the visit.