

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 04/28/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964669	(X3) DATE SURVEY COMPLETED 04/13/2017
NAME OF PROVIDER OR SUPPLIER ARDEN COURTS OF SEMINOLE	STREET ADDRESS, CITY, STATE, ZIP CODE 9300 ANTILLES STREET, NORTH SEMINOLE, FL 33776	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility A complaint investigation, (CCR# 2017000852), was conducted at Arden Courts of Seminole, assisted living facility, (lic# 9248), on 4/13/17. Arden Courts of Seminole had no deficiencies at the time of the visit.		