

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 05/19/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965292	(X3) DATE SURVEY COMPLETED 05/08/2017
NAME OF PROVIDER OR SUPPLIER ARDEN COURTS OF TAMPA	STREET ADDRESS, CITY, STATE, ZIP CODE 14950 CASEY RD TAMPA, FL 33624	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility Two complaint investigations, (CCR# 2017001869 & CCR# 2017001877), were conducted at Arden Courts of Tampa. No deficiencies were identified at the time of the visit. (license #9709)		