STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968783	R **05/30/2017**
NAME OF PROVIDER OR SUPPLIER **ARBOR TERRACE AT CITRUS PARK**	STREET ADDRESS, CITY, STATE, ZIP CODE **13810 SHELDON RD** **TAMPA, FL 33626**	

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

0000 - Initial Comments

Assisted Living Facility

A Desk Review was conducted on 05/30/17. The deficient practice identified during the Biennial survey on 04/13/17 was corrected during the review.

Lic # 12657