

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/12/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965667	(X3) DATE SURVEY COMPLETED 06/22/2017
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 #2017002387, was conducted on 06/05/2017, and completed on 06/22/17 at Arbor Oaks at Greenacres (License #9996). The facility had no deficiencies at the time of the visit.