STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965330	**05/25/2017**
NAME OF PROVIDER OR SUPPLIER **ARCADIA OAKS ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **1013 EAST GIBSON STREET** **ARCADIA, FL 34266**	

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

0000 - Initial Comments

An unannounced relicensure survey was conducted 5/24/17 through 5/25/17 at Arcadia Oaks, an assisted living facility (license #9716) located in Arcadia, Florida.

No deficiencies were found at the time of the visit.