STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964665	**06/22/2017**
NAME OF PROVIDER OR SUPPLIER **ARDEN COURTS OF PALM HARBOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **2895 TAMPA ROAD** **PALM HARBOR, FL 34684**	

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

0000 - Initial Comments

Assisted Living Facility

On 06/22/2017, a Limited Nursing Service (LNS) Monitoring Visit was conducted at Arden Courts of Palm Harbor, Assisted Living Facility. There were no deficiencies identified at the time of the visit.

(License # 9193)