| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11964664** | R<br>**07/11/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**ARDEN COURTS OF DELRAY BEACH** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**16150 JOG RD.**<br>**DELRAY BEACH, FL 33446** | |

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

**0000 - Initial Comments**

A desk review revisit to the Limited Nursing Service survey was conducted on 07/11/2017 for Arden Courts of Delray Beach, License # 9240. The facility had no deficiencies at the time of the visit.