

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 07/19/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964831	(X3) DATE SURVEY COMPLETED R 07/10/2017
NAME OF PROVIDER OR SUPPLIER ARBOR OAKS AT TYRONE	STREET ADDRESS, CITY, STATE, ZIP CODE 1701 68 STREET, NORTH SAINT PETERSBURG, FL 33710	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility A desk review was conducted on 7/10/17 to the complaint survey, (CCR# 2017000682), of 4/17/17. It was determined that the previously cited deficiency had been corrected. (License # 9299)		