

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/31/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968783	(X3) DATE SURVEY COMPLETED 07/15/2017
NAME OF PROVIDER OR SUPPLIER ARBOR TERRACE AT CITRUS PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 13810 SHELDON RD TAMPA, FL 33626	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility On July 15, 2017, a complaint survey, CCR# 2017005029, survey was conducted at Arbor Terrace at Citrus Park. No deficiencies were identified at the time of the visit. (license# 12657)		