STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932616	R **08/10/2017**
NAME OF PROVIDER OR SUPPLIER **ARBOR VILLAGE, INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **13107 N. 22ND STREET** **TAMPA, FL 33612**	

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

0000 - Initial Comments

A revisit was conducted on 8/10/17 for Arbor Village ,Inc. The deficient practice previous cited on 7/6/17 was corrected during the revisit.
License 49