

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/27/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953381	(X3) DATE SURVEY COMPLETED R 09/19/2017
NAME OF PROVIDER OR SUPPLIER ARLINGTON GARDENS, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 7550 60TH WAY NORTH PINELLAS PARK, FL 33781	

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

0000 - Initial Comments

Assisted Living Facility

A desk review to a complaint survey, (CCR #2017006723), of 8/07/17 was conducted on 9/19/17. The previously cited deficiency at Arlington Gardens, LLC, (Lic. # 5299), was determined to be corrected at the time of the desk review.