STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965330	R **12/01/2017**
NAME OF PROVIDER OR SUPPLIER **ARCADIA OAKS ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **1013 EAST GIBSON STREET** **ARCADIA, FL 34266**	

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

0000 - Initial Comments

A follow-up by desk review was conducted on 12/1/17 for Arcadia Oaks Assisting Living, an assisted living facility (License #9716) in Arcadia, Florida.

The follow-up was in response to the complaint survey for CCR#2017010169 which was conducted on 10/26/17.

Based on the facility's supporting documentation, the deficiencies were corrected as of 12/1/17.