STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964665	**12/05/2017**
NAME OF PROVIDER OR SUPPLIER **ARDEN COURTS OF PALM HARBOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **2895 TAMPA ROAD** **PALM HARBOR, FL 34684**	

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

0000 - Initial Comments

Assisted Living Facility

On December 5, 2017 an Abbreviated Biennial with Limited Nursing Services (LNS) was conducted at Arden Courts of Palm Harbor. No deficiencies were identified during the visit.
(license# 9193)