STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965292	**12/12/2017**
NAME OF PROVIDER OR SUPPLIER **ARDEN COURTS OF TAMPA**	STREET ADDRESS, CITY, STATE, ZIP CODE **14950 CASEY RD** **TAMPA, FL 33624**	

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

0000 - Initial Comments

Assisted Living Facility

An unannounced abbreviated biennial state licensure survey with Limited Nursing Services (LNS) was conducted on 12/11/17. The Arden Courts of Tampa, Assisted Living Facility, had no deficiencies at the time of this visit.

(License # 9709)