

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 12/28/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953614	(X3) DATE SURVEY COMPLETED 11/29/2017
NAME OF PROVIDER OR SUPPLIER GREEN ACRES	STREET ADDRESS, CITY, STATE, ZIP CODE 15820 ARCHER STREET HUDSON, FL 34667	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility A monitoring visit for closure was conducted on 11/29/17, at Green Acres, an assisted living facility. It was determined that the facility was closed. (License # 8642)		