

AGENCY FOR HEALTH CARE
ADMINISTRATION

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FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968783	(X3) DATE SURVEY COMPLETED 12/18/2017
NAME OF PROVIDER OR SUPPLIER ARBOR TERRACE AT CITRUS PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 13810 SHELDON RD TAMPA, FL 33626	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility A Complaint investigation (CCR#2017011216, 2017013835 & 2017015059) was conducted at Arbor Terrace At Citrus Park on 12/18/17. Arbor Terrace At Citrus Park had no deficiencies at the time of the investigation. License (#12657)		