| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11953381** | R<br>**12/22/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**ARLINGTON GARDENS, LLC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**7550 60TH WAY NORTH**<br>**PINELLAS PARK, FL 33781** | |

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

**0000 - Initial Comments**

A revisit was conducted on 12/22/17 for Arlington Gardens. The deficient practice previously cited on 11/02/17 was corrected during the visit.

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