STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965330	**01/22/2018**
NAME OF PROVIDER OR SUPPLIER **ARCADIA OAKS ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **1013 EAST GIBSON STREET** **ARCADIA, FL 34266**	

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

0000 - Initial Comments

An unannounced complaint survey for CCR #2017013536 was conducted on 1/22/18 at Arcadia Oaks, an assisted living facility (license #9716) in Arcadia, Florida.

The complaint contained 2 allegations, of which 2 were unsubstantiated.

No deficiencies were found at the time of the visit.