

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/12/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965334	(X3) DATE SURVEY COMPLETED R 02/08/2018
NAME OF PROVIDER OR SUPPLIER ARDEN COURTS OF WINTER SPRINGS	STREET ADDRESS, CITY, STATE, ZIP CODE 1057 WILLA SPRINGS DRIVE WINTER SPRINGS, FL 32708	

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

0000 - Initial Comments

A revisit to the re-licensure survey with Limited Nursing Services was conducted on 2/8/2018. Arden Court of Winter Springs Assisted Living Facility, License #9733 did not have deficiencies at the time of the visit.