

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/27/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963737	(X3) DATE SURVEY COMPLETED R 02/09/2018
NAME OF PROVIDER OR SUPPLIER ARDEN COURTS OF WEST PALM BEACH	STREET ADDRESS, CITY, STATE, ZIP CODE 2330 VILLAGE BLVD WEST PALM BEACH, FL 33409	

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

0000 - Initial Comments

An unannounced licensure complaint survey revisit (2017010447) was conducted by desk review on 02/09/2018 for Arden Courts of West Palm Beach, License #8661. Previously cited deficiencies were found corrected.