

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/21/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965330	(X3) DATE SURVEY COMPLETED 07/26/2018
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 A unannounced emergency power plan monitoring survey was conducted on 7/26/18 at Arcadia Oaks Assisted Living, an assisted living facility (license #9716) in Arcadia, Florida. No deficiencies were found at the time of the visit.		