

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/18/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965667	(X3) DATE SURVEY COMPLETED 08/31/2018
NAME OF PROVIDER OR SUPPLIER ARBOR OAKS AT GREENACRES	STREET ADDRESS, CITY, STATE, ZIP CODE 3400 JOG RD GREENACRES, FL 33467	

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

0000 - Initial Comments

An unannounced licensure complaint survey, CCR #2018009660, was conducted on 08/31/18 at Arbor Oaks at Greenacres, License #9996. The facility had no deficiencies at the time of the visit.