STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968783	R **11/07/2018**
NAME OF PROVIDER OR SUPPLIER **ARBOR TERRACE AT CITRUS PARK**	STREET ADDRESS, CITY, STATE, ZIP CODE **13810 SHELDON RD** **TAMPA, FL 33626**	

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

0000 - Initial Comments

Assisted Living Facility

A revisit to an 8/15/18 complaint survey (CCR#2018009641 and 2018009379) was conducted at Arbor Terrace at Citrus Park Assisted Living Facility on 11/07/2018. Arbor Terrace at Citrus Park Assisted Living Facility had no deficient practice identified at the time of the survey.

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