

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/09/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11942983	(X3) DATE SURVEY COMPLETED 11/19/2018
NAME OF PROVIDER OR SUPPLIER AIDEN SPRINGS	STREET ADDRESS, CITY, STATE, ZIP CODE 5520 HOWELL BRANCH ROAD WINTER PARK, FL 32792	

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

0000 - Initial Comments

A Complaint Investigation # 2018013766 was conducted on 11/19/2018. Aiden Springs Assisted Living Facility (License #8419) had no deficiencies at the time of the visit.