

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/13/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965334	(X3) DATE SURVEY COMPLETED R 01/24/2019
NAME OF PROVIDER OR SUPPLIER ARDEN COURTS OF WINTER SPRINGS	STREET ADDRESS, CITY, STATE, ZIP CODE 1057 WILLA SPRINGS DRIVE WINTER SPRINGS, FL 32708	

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

0000 - Initial Comments

A revisit to complaint investigation #2018012260 was conducted on 1/22/2019. Arden Courts of Winter Springs (LIC#9733) had no deficiencies at the time of the visit.