

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/19/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965667	(X3) DATE SURVEY COMPLETED R 03/14/2019
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 Relicensure revisit survey was conducted by desk review on 03/14/2019 for Arbor Oaks At Greenacres, License #9996. The previously cited deficiencies were found corrected at the time of the survey.