

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/03/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968783	(X3) DATE SURVEY COMPLETED R 04/18/2019
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

A revisit to a complaint survey was conducted at Arbor Terrace At Citrus Park on 4/18/19. At the time of the survey, the facility had no deficient practice.