STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942983	R **06/18/2019**
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 revisit to a complaint investigation #2019001358 was conducted at Aiden Springs Assisted Living Facility on 6/18/2019. Deficiencies were found to be corrected at the time of the survey.