

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 12/22/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964951	(X3) DATE SURVEY COMPLETED 12/07/2017
NAME OF PROVIDER OR SUPPLIER ARDEN COURTS OF LARGO	STREET ADDRESS, CITY, STATE, ZIP CODE 300 HIGHLAND AVENUE, NE LARGO, FL 33770	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility An unannounced, abbreviated biennial state licensure survey with Limited Nursing Services (LNS) was conducted on 12/7/17. The Arden Courts of Largo, Assisted Living Facility, (License # 9403), had no deficiencies at the time of the visit.		