| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11964669** | R<br>**01/09/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**ARDEN COURTS OF SEMINOLE** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**9300 ANTILLES STREET, NORTH**<br>**SEMINOLE, FL 33776** | |

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

**0000 - Initial Comments**

Assisted Living Facility

A desk review was conducted on 01/09/18 to a biennial state licensure survey of 11/30/17. At the time of the desk review, it was determined that the previously cited deficiency at Arden Courts of Seminole, Assisted Living Facility, had been corrected.

(License # 9248)