

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/02/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11942983	(X3) DATE SURVEY COMPLETED R 09/06/2018
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 Complaint Investigation # 2018003761 was conducted on 9/6/2018. Aiden Springs Assisted Living Facility License# 8419 had no deficiencies at the time pertaining to this revisit.