

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 10/31/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953381	(X3) DATE SURVEY COMPLETED 10/15/2018
NAME OF PROVIDER OR SUPPLIER ARLINGTON GARDENS, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 7550 60TH WAY NORTH PINELLAS PARK, FL 33781	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility On 10/15/2018, an expansion survey for a capacity increase was conducted at Arlington Gardens (Lic. #5299). Arlington Gardens had no deficiencies at the time of the visit.		