Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11910300	A. BUILDING: _____ B. WING _____	R 08/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARLINGTON ADULT RESIDENTIAL FACILITY INC	6300 ARLINGTON EXPY. JACKSONVILLE, FL 32211

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{A 000}	Initial Comments A revisit to the relicensure survey at Arlington Adult Residential Facility was conducted on . Deficiencies were identified at the time of the survey.	{A 000}		
{A 052}	429.256( ); 59A-36.008(3) Medication - Assistance with Self-Admin 429.256 (3) Assistance with self-administration of medication includes: (a) Taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident. For purposes of this paragraph, an syringe that is prefilled with the proper dosage by a pharmacist and an , that is prefilled by the manufacturer are considered medications in previously dispensed, properly labeled containers. (b) In the presence of the resident, confirming that the medication is intended for that resident, orally advising the resident of the medication name and dosage, opening the container, removing a prescribed amount of medication from the container, and closing the container. The resident may sign a written waiver to opt out of being orally advised of the medication name and dosage. The waiver must identify all of the medications intended for the resident, including names and dosages of such medications, and must immediately be updated each time the resident's medications or dosages change. (c) Placing an oral dosage in the resident's or placing the dosage in another container and helping the resident by lifting the container to his or her . (d) Applying , medications. (e) Returning the medication container to proper storage.	{A 052}		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11910300	A. BUILDING: _____ B. WING _____	R 08/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARLINGTON ADULT RESIDENTIAL FACILITY INC	6300 ARLINGTON EXPY. JACKSONVILLE, FL 32211

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{A 052}	Continued From page 1	{A 052}		

(f) Keeping a record of when a resident receives assistance with self-administration under this section.
(g) Assisting with the use of a , including removing the cap of a , opening the unit dose of solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the .
(4) Assistance with self-administration of medication does not include:
(a) Mixing, , , converting, or medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed.
(b) The preparation of syringes for injection or the administration of medications by any injectable route.
(c) Administration of medications by way of a tube inserted in a of the body.
(d) Administration of preparations.
(e) The use of irrigations or debriding agents used in the treatment of a skin condition.
(f) Assisting with , , or preparations.
(g) Assisting with medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and the resident requesting the medication is aware of his or her need for the medication and understands the purpose for taking the medication.
(h) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11910300	A. BUILDING: _____ B. WING _____	R 08/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARLINGTON ADULT RESIDENTIAL FACILITY INC	6300 ARLINGTON EXPY. JACKSONVILLE, FL 32211

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{A 052}	Continued From page 2 (5) Assistance with the self-administration of medication by an unlicensed person as described in this section shall not be considered administration as defined in s. 465.003. 59A-36.008 (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) Any unlicensed person providing assistance with self-administration of medication must be , or older, trained to assist with self administered medication pursuant to the training requirements of Rule 59A-36.011, F.A.C., and must be available to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S. and this rule. (b) In addition to the specifications of Section 429.256(3), F.S., assistance with self-administration of medication includes, orally advising the resident of the name and dosage of the medication and verbally prompting a resident to take medications as prescribed. (c) In order to facilitate assistance with self-administration, trained staff may prepare and make available such items as water, juice, cups, and spoons. Trained staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, must not be returned to the container. (d) Trained staff must observe the resident take the medication. Any concerns about the resident's reaction to the medication or suspected noncompliance must be reported to the resident's health care provider and documented in the resident's record. (e) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to	{A 052}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11910300	A. BUILDING: _____ B. WING _____	R 08/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARLINGTON ADULT RESIDENTIAL FACILITY INC	6300 ARLINGTON EXPY. JACKSONVILLE, FL 32211

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{A 052}	Continued From page 3 enable the resident to take medication as prescribed: 1. The health care provider may prescribe a medication schedule that coincides with the resident's presence in the facility, 2. The medication container may be given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, 3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, or 4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging. (f) Assistance with self-administration of medication does not include the activities detailed in Section 429.256(4), F.S. (g) As used in Section 429.256(4)(h), F.S., the terms "judgment" and "discretion" mean interpreting vital signs and evaluating or assessing a resident's condition. (h) All trained staff must adhere to the facility's control policy and procedures when assisting with the self-administration of medication. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review, the facility failed to follow its policy on assisting residents with self-administration of medication during three of three observations. (Residents #1, #2, and #3). Staff failed to perform -hygiene and failed to provide medications according to designated times on the Medication Observation Record (MOR).	{A 052}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11910300	A. BUILDING: _____ B. WING _____	R 08/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARLINGTON ADULT RESIDENTIAL FACILITY INC	6300 ARLINGTON EXPY. JACKSONVILLE, FL 32211

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{A 052}	Continued From page 4 Findings include: During an observation of the medication pass on at 10:04 AM, Staff A, Medication Technician, was observed performing hygiene with an -based rub. Medications were removed from packs for Resident #1, including Chlorhex Solution 0.12%, with instructions to use 15ml to rinse after brushing , twice a day after breakfast and at bedtime. Staff A asked Resident #1 if he had brushed his prior to handing him the Chlorhex. Resident #1's physician's orders read, "Chlorhex Solution 0.12% use 15ml to rinse after brushing ." The MOR's entry for the Chlorhex Glu [ ] Solution 0.12% stated to use "15ml to rinse after brushing twice a day after breakfast and at bedtime." The medication was timed for 8:00 AM and 8:00 PM. The morning medication was color-coded pink. After completing Resident #1's medication pass on at 10:08am, Staff A, Medication Technician, began preparing medications for the next resident (Resident #2) without performing hygiene. During an observation of the medication pass for Resident #2 on at 10:12 AM, Staff A was observed removing pills from the packs. Staff A had still not performed hygiene from Resident #1's medication pass. The following medications were removed from packs for Resident #2:	{A 052}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11910300	A. BUILDING: _____ B. WING _____	R 08/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARLINGTON ADULT RESIDENTIAL FACILITY INC	6300 ARLINGTON EXPY. JACKSONVILLE, FL 32211

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{A 052}	Continued From page 5 112mcg [micrograms] ; , 500mg [milligrams] Delayed Release [DR] ; , 10mg ; , 20mg DR; and 100mg. Staff A did ask Resident #2 if he had eaten breakfast prior to issuing medication. Review of Resident #2's MOR showed the following entries and scheduled times: Tab 112 mcg at 7:00 AM; Tab 100mg, scheduled for 8:00 AM; Tab 500mg DR, scheduled for 8:00 AM; Tab 10mg, scheduled for 8:00AM; and 20mg DR, scheduled for 8:00AM. The morning medications were color-coded pink. The physician's orders for Resident #2 revealed instructions for the Tab 112 mcg were to take one tablet on an empty by every morning. Staff A was observed preparing medications for Resident #3 after finishing Resident #2's medication pass on at 10:15 AM. Staff A did not perform hygiene before setting up Resident #3's medications. On at 10:18 AM, Staff A had still not performed hygiene from the previous medication pass with Resident #2. Staff A removed the following pills from the packs for Resident #3: 50mg, , 500mg DR, 500mg, and , 200mg. Resident #3's MOR showed the , , , , , and received at 10:18 AM were all scheduled for an	{A 052}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11910300	A. BUILDING: _____ B. WING _____	R 08/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARLINGTON ADULT RESIDENTIAL FACILITY INC	6300 ARLINGTON EXPY. JACKSONVILLE, FL 32211

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{A 052}	Continued From page 6 8:00 AM medication pass. The 8:00 AM medications were color-coded pink. The physician's order for was for three 50mg tablets one daily, to equal 150mg total. The physician's order for was that it was to be given every 12 hours. Staff A only removed one tablet from the packet. Resident #3 was handed the pills and self-administered the pills orally. When prompted as to why only one tablet was provided, Staff A removed an additional 2 50mg tablets from the pack and issued the additional pills to Resident #3. During an interview on at 10:20 AM, Staff A stated "I forgot to count pills" and acknowledged she forgot to perform hygiene during the medication pass observations. When asked about 7:00 AM and 8:00 AM medications being administered after 10:00 AM, Staff A stated "we give them between 8:00AM and 10:00AM. That's the window." When prompted that it was after 10am when medications were observed being issued, she did not reply. During an observation on at 10:25am, the Administrator was observed telling Staff A, "Remember, it's an hour before and an hour after" in reference to medication pass times. During an interview on at 10:30 AM, the Administrator provided recent control and medication pass trainings. He was asked	{A 052}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11910300	A. BUILDING: _____ B. WING _____	R 08/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARLINGTON ADULT RESIDENTIAL FACILITY INC	6300 ARLINGTON EXPY. JACKSONVILLE, FL 32211

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{A 052}	Continued From page 7 again about the observation of late medications for Residents # . The Administrator explained times were color coded and "accommodate personal schedules." When informed that professional standard of practice is an hour before or an hour after if a specific medication time is documented, the Administrator responded that "some of the meds [medications] just say daily, what if they sleep late?" When informed that a medication ordered for 7:00 AM was administered at 10:12AM, Administrator stated "well that's default times for the pharmacy." Review of the color-coded chart on a document labeled, "Medication Observation Record- Med Tech Signature/Initial and Code Page" showed medications colored pink were to be given between 7 AM and 10 AM. Review of the facility's policy entitled " Hygiene" showed instructions to "Wash your before handling medications, after coming into contact with a resident, and after assisting with medications." The facility's policy regarding medication administration included the "Nine Rights of Medication Administration." This included the "Right DOSAGE. Check the DOSAGE (AMOUNT). Triple check the dosage with the MOR." The Nine Rights also included the "Right TIME. Check the TIME. Medications must be given at the TIME prescribed. Standards practice is that medications are given within one hour before or one hour after the time noted on the MOR or medication label. It is considered a medication error if outside the one hour range."	{A 052}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11910300	A. BUILDING: _____ B. WING _____	R 08/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARLINGTON ADULT RESIDENTIAL FACILITY INC	6300 ARLINGTON EXPY. JACKSONVILLE, FL 32211

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{A 052}	Continued From page 8 Photographic evidence obtained. Class III	{A 052}		
{A 165}	429.23(&) FS Risk Mgmt & QA 429.23 Internal risk management and quality assurance program; adverse incidents and reporting requirements.- (1) Every facility licensed under this part may, as part of its administrative functions, voluntarily establish a risk management and quality assurance program, the purpose of which is to assess resident care practices, facility incident reports, deficiencies cited by the agency, adverse incident reports, and resident grievances and develop plans of action to correct and respond quickly to identify quality differences. (2) Every facility licensed under this part is required to maintain adverse incident reports. For purposes of this section, the term, "adverse incident" means: (a) An event over which facility personnel could exercise control rather than as a result of the resident's condition and results in: 1. ; 2. or , damage; 3. Permanent ; 4. or of bones or joints; 5. Any condition that required medical attention to which the resident has not given his or her consent, including failure to honor advanced directives; 6. Any condition that requires the transfer of the resident from the facility to a unit providing more acute care due to the incident rather than the resident's condition before the incident; or 7. An event that is reported to law enforcement or its personnel for investigation; or	{A 165}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11910300	A. BUILDING: _____ B. WING _____	R 08/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARLINGTON ADULT RESIDENTIAL FACILITY INC	6300 ARLINGTON EXPY. JACKSONVILLE, FL 32211

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{A 165}	Continued From page 9 (b) Resident elopement, if the elopement places the resident at risk of harm or injury. (3) Licensed facilities shall provide within 1 business day after the occurrence of an adverse incident, through the agency's online portal, or if the portal is offline, by electronic mail, a preliminary report to the agency on all adverse incidents specified under this section. The report must include information regarding the identity of the affected resident, the type of adverse incident, and the status of the facility's investigation of the incident. (4) Licensed facilities shall provide within 15 days, through the agency's online portal, or if the portal is offline, by electronic mail, a full report to the agency on all adverse incidents specified in this section. The report must include the results of the facility's investigation into the adverse incident. (6) , neglect, or , must be reported to the Department of Children and Families as required under chapter 415. (7) The information reported to the agency pursuant to subsection (3) which relates to persons licensed under chapter 458, chapter 459, chapter 461, chapter 464, or chapter 465 shall be reviewed by the agency. The agency shall determine whether any of the incidents potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply. The agency may investigate, as it deems appropriate, any such incident and prescribe measures that must or may be taken in response to the incident. The agency shall review each incident and determine whether it potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply.	{A 165}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11910300	A. BUILDING: _____ B. WING _____	R 08/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARLINGTON ADULT RESIDENTIAL FACILITY INC	6300 ARLINGTON EXPY. JACKSONVILLE, FL 32211

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{A 165}	Continued From page 10 (8) If the agency, through its receipt of the adverse incident reports prescribed in this part or through any investigation, has reasonable belief that conduct by a staff member or employee of a licensed facility is grounds for disciplinary action by the appropriate board, the agency shall report this fact to such regulatory board. (9) The adverse incident reports and preliminary adverse incident reports required under this section are confidential as provided by law and are not discoverable or admissible in any civil or administrative action, except in disciplinary proceedings by the agency or appropriate regulatory board. (10) The agency may adopt rules necessary to administer this section. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to submit an Adverse Incident Report for 1 of 1 sampled residents (Resident #17.) The findings include: Record review revealed that Resident #17 was listed on the facility's discharge list. The date of discharge was listed as with the reason: "voluntary discharge." The discharge location was listed as "homeless." Under "Special Notes & Discharge Info the following was noted: "Not Welcome . Does not want to live at this facility Left on own accord despite staff asking him to return as he walked out of the gates. Was seen 2 other times on the streets in the subsequent days but refused to be returned." An interview was conducted with the Administrator on at 12:10pm. He was asked for evidence that he had submitted	{A 165}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11910300	A. BUILDING: _____ B. WING _____	R 08/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARLINGTON ADULT RESIDENTIAL FACILITY INC	6300 ARLINGTON EXPY. JACKSONVILLE, FL 32211

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{A 165}	Continued From page 11	{A 165}		

anAdverse Incident Report for Resident #17's elopement. He stated that the he had reported it to law enforcement at the time the incident occurred. He acknowledged he had not done anything since the previous survey when a citation was issued for not filing an Adverse Incident Report for this elopement. He continued, [Resident #17] was invited to come , and he didn't. The case manager discharged him." He was asked to provide any supporting documentation and/or information on the location of Resident #17. He stated, "he's still out there somewhere." The Administrator confirmed that he did not submitted an Adverse Incident Report to AHCA. He stated it was "complicated" and that he had seen Resident #17, and was giving him the opportunity to return. He stated that the resident was officially discharged, but could not provide any specific information on the discharge. He agreed to reach out to Resident #17's case manager to see what they could provide.

An interview was conducted with Resident #17's third party case manager on at 12:45pm. She stated the resident was discharged from their program on after 30 days of no contact. She stated the facility initially notified them that Resident #17 was missing. She stated that they had contacted their law enforcement liaison and all of the local hospitals and the resident could not be located. She stated their agency has not had any further communication with the resident or the facility.

The Administrator was asked to provide evidence of elopement drills. At 1:45pm on , he stated that they were done but that he could not provide any documentation as evidence. He stated that he disagreed that Resident #17 eloped from the facility.

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11910300	A. BUILDING: _____ B. WING _____	R 08/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARLINGTON ADULT RESIDENTIAL FACILITY INC	6300 ARLINGTON EXPY. JACKSONVILLE, FL 32211

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{A 165}	Continued From page 12 CLASS III	{A 165}		