

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 08/28/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11910300	(X3) DATE SURVEY COMPLETED 08/27/2013
NAME OF PROVIDER OR SUPPLIER Arlington Adult Res. Facility	STREET ADDRESS, CITY, STATE, ZIP CODE 6300 Arlington Expy. Jacksonville, FL 32211	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

An unannounced licensure complaint survey, CCR #2013005990, was conducted on 8/27/13. Arlington Adult Residential Facility had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 5, 2013

Administrator
Arlington Adult Residential Facility
6300 Arlington Expy.
Jacksonville, FL 32211

Re: CCR #2013005990

Dear Administrator:

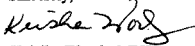
This letter reports the findings of a complaint survey completed on August 27, 2013 by a representative of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey.

The *Quality Assurance Questionnaire* has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions, please contact this office at (904) 798-4201.

Sincerely,



Keisiha Woods, MPH
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JM/KW/sm
Enclosure

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