

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 01/16/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968535	(X3) DATE SURVEY COMPLETED 12/06/2013
NAME OF PROVIDER OR SUPPLIER Arbor Terrace Ortega	STREET ADDRESS, CITY, STATE, ZIP CODE 5760 Timuquana Rd Jacksonville, FL 32210	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

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Specific Tag Findings:

0000-Initial Comments

Two unannounced licensure complaint surveys, CCR #2013012182 and #2013012308, were conducted on December 6, 2013. Arbor Terrace Ortega had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 16, 2014

Administrator
Arbor Terrace Ortega
5760 Timuquana Road
Jacksonville, FL 32210

Re: CCR #2013012308 and CCR #2013012182

Dear Administrator:

This letter reports the findings of a complaint survey completed on December 6, 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,

Robert E. Dickson
Field Office Manager
Division of Health Quality Assurance

JPL/RED/sm
Enclosure

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
<http://ahca.myflorida.com>



Jacksonville Field Office
921 N. Davis St., Bldg. A, Suite 115
Jacksonville, FL 32209
Phone (904) 798-4201; Fax (904) 359-6054