STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968820	**06/04/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
ARBOR TERRACE PONTE VEDRA LLC	**5125 PALM VALLEY RD PONTE VEDRA BEACH, FL 32082**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An unannounced Initial Assisted Living Survey with Extended Congregate Care and Limited Nursing Services was conducted at Arbor Terrace Ponte Verdra on June 4, 2015. No licensure deficiencies were identified as a result of the survey.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 4, 2015

Administrator
Arbor Terrace Ponte Vedra, LLC
5125 Palm Valley Road
Ponte Vedra Beach, FL 32082

Dear Administrator:

This letter reports the findings of an initial Licensure; Limited Nursing Services and Extented Congregate Care survey conducted on June 4, 2015 by a representative of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the 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 call this office at (904) 798-4201.

Sincerely,

Jana Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JS/JM/sm
Enclosure

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