

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/08/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910300	(X3) DATE SURVEY COMPLETED 08/28/2015
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

An unannounced licensure complaint survey, CCR #20150007815 and CCR#2015007229, was conducted at Arlington Adult Residential Facility on 8/28/2015. Deficiencies were not identified.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 8, 2015

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

RE: CCR #2015007229 and CCR #2015007815

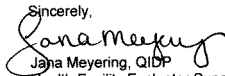
Dear Administrator:

This letter reports the findings of a complaint survey completed on August 28, 2015 by representatives 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 surveyors. Should you have any questions, please contact this office at (904) 798-4201.

Sincerely,

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

JG/TO/JM/sm
Enclosure

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