

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/02/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968993	(X3) DATE SURVEY COMPLETED 04/29/2016
NAME OF PROVIDER OR SUPPLIER ARBOR TERRACE SAN JOSE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 3760 DUPONT AVE JACKSONVILLE, FL 32217	

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

0000 Initial Comments

On April 29, 2016 an initial licensure assisted living survey with limited nursing services was conducted at Arbor Terrace San Jose. Deficient practice was not identified during the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 2, 2016

Administrator
Arbor Terrace San Jose, LLC
3760 Dupont Avenue
Jacksonville, FL 32217

Dear Administrator:

This letter reports the findings of an initial Licensure survey conducted on April 29, 2016 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,

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

JS/JM/sm
Enclosure

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