

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 10/14/2016
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964349	(X3) DATE SURVEY COMPLETED 09/26/2016
NAME OF PROVIDER OR SUPPLIER ARLINGTON HAVEN	STREET ADDRESS, CITY, STATE, ZIP CODE 6320 ARLINGTON ROAD JACKSONVILLE, FL 32211	

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

0000 Initial Comments

A complaint investigation (CCR#2016007444) was conducted at Arlington Haven Assisted Living (License #8958) on 9/26/2016. Arlington Haven Assisted Living had no deficiencies at the time of the investigation.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

October 14, 2016

Administrator
Arlington Haven
6320 Arlington Road
Jacksonville, FL 32211

RE: CCR #2016007444

Dear Administrator:

This letter reports the findings of a complaint survey completed on September 26, 2016 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,

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

JS/JM/sm
Enclosure

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