STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968993	**01/09/2017**
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 January 9, 2017 an Extended Congregate Care and a Limited Nursing Services survey were conducted at the Arbor Terrace San Jose Assisted Living (License #12829). Deficient practice was not identified during the survey.

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

January 13, 2017

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

Dear Administrator:

This letter reports findings of a state licensure Extended Congregate Care and Limited Nursing Services survey that was conducted on January 9, 2017 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,

Amanda Wisehart

Amanda Wisehart
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JS/AW/sm
Enclosure

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