STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910300	**01/30/2017**
NAME OF PROVIDER OR SUPPLIER **ARLINGTON ADULT RESIDENTIAL FACILITY INC**	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

On January 30, 2017 an unannounced biennial re-licensure survey with Limited Mental Health was conducted at Arlington Adult Residential Facility (License #5360). Deficient Practice was not identified during the survey.