

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/10/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968535	(X3) DATE SURVEY COMPLETED 04/26/2017
NAME OF PROVIDER OR SUPPLIER ARBOR TERRACE ORTEGA	STREET ADDRESS, CITY, STATE, ZIP CODE 5760 TIMUQUANA RD JACKSONVILLE, FL 32210	

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

0000 Initial Comments

An unannounced biennial survey with ECC monitoring was conducted at Arbor Terrace Ortega (Lic # 12414) on 04/26/17. The facility did not have deficiencies at the time of the survey.

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911636	(X3) DATE SURVEY COMPLETED R 04/27/2017
NAME OF PROVIDER OR SUPPLIER INN AT CYPRESS VILLAGE, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 4600 MIDDLETON PARK CIRCLE, E. JACKSONVILLE, FL 32224	

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

0000 Initial Comments

A revisit to the complaint investigation (CCR #0013686) was conducted at the Inn at Cypress Village (License #7720) on April 27, 2017. The Inn at Cypress Village had no deficiencies at the time of the investigation.