STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968535	**09/21/2017**
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

A complaint investigation (CCR#2017006968) was conducted at Arbor Terrace Ortega Assisted Living on 9/21/2017. Arbor Terrace Ortega (license #12414) had no deficiencies at the time of the investigation.