STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968993	**01/25/2018**
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 25, 2018 an Extended Congregate Care Survey and a Limited Nursing Services survey were conducted at Arbor Terrace San Jose (License #12829). Deficient practice was not identified during the surveys.