STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968535	**02/28/2018**
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 #2017014678,) was conducted at Arbor Terrace Ortega Assisted Living Facility (Lic #12414) on 02/28/2018. Arbor Terrace Ortega Assisted Living Facility had no deficiencies at the time of the investigation.