STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968535	**06/13/2018**
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

On June 13, 2018 a Limited Nursing Services and Extended Congregate Care survey was conducted at Arbor Terrace Ortega (license #12412). Deficient practice was not identified during the survey.