STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968820	**06/28/2018**
NAME OF PROVIDER OR SUPPLIER **ARBOR TERRACE PONTE VEDRA LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **5125 PALM VALLEY RD** **PONTE VEDRA BEACH, FL 32082**	

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

0000 - Initial Comments

On June 28, 2018 an unannounced Extended Congregate Care survey was conducted at Arbor Terrace Ponte Vedra (license #12680). Deficient practice was not identified during the survey.