

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 07/17/2018
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968993	(X3) DATE SURVEY COMPLETED R 07/16/2018
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 The deficiency was found corrected at the time of the desk review.		