

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 09/19/2018
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968993	(X3) DATE SURVEY COMPLETED 09/10/2018
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

A complaint investigation (CCR #2018008504) was conducted at Arbor Terrace San Jose Assisted Living on 9/10/2018. Arbor Terrace San Jose (license #12829) had no deficiencies at the time of the investigation.