STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910300	**10/04/2018**
NAME OF PROVIDER OR SUPPLIER **ARLINGTON ADULT RESIDENTIAL FACILITY INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **6300 ARLINGTON EXPY.** **JACKSONVILLE, FL 32211**	

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

0000 - Initial Comments

A complaint investigation (CCR#20180014528) was conducted at Arlington Adult Residential Facility (License #5360) on 10/04/2018. Arlington Adult Residential Facility had no deficiencies at the time of the investigation.