

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/26/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968535	(X3) DATE SURVEY COMPLETED R 11/20/2018
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

The deficiency was found corrected at the time of the desk review.