STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910300	**11/13/2018**
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#2018015878) was conducted at Arlington Adult Residential Facility (License #5360) on . . . . . Arlington Adult Residential Facility had deficiencies at the time of the investigation.

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation, resident, and staff interview the facility failed to maintain a safe and sanitary environment for 1 of 4 residents.

The findings include:

During an interview with Administrator upon entrance on 11/13/18 at 10:10 am, he stated, "all bed bug treatment is done in house by the facility." When asked if he uses pest control service to treat bed bugs, he replied, "no, we did get a quote for the bed bugs but it was quite expensive."

During observation of Resident #1's room on at 10:17 am with Administrator and Environmental . . . . . , III, from the Department of Health Department, five (5) bedbugs were observed in the bed area and on the floor near the bed. (Photographic evidence obtained)

Interviews conducted with Resident #1, #2, #3, and #4 on during room visits confirmed the facility has had issues with bedbugs and continues to have bedbugs..

During an interview with Administrator on 11/13/18 at 10:20 am in Resident #1's room, he confirmed the presence of bedbugs in the room, her bed and stated the facility had treated her room yesterday. independently, without using a pest control company.

Class III