

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/28/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910300	(X3) DATE SURVEY COMPLETED R 01/09/2019
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 follow-up visit to complaint survey (CCR #2018015878) was conducted at Arlington Adult Residential Facility, Inc. (License #5360) on 01/09/2019. Arlington Adult Residential Facility, Inc. had no deficiencies at the time of the visit.