STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964349	R **01/28/2019**
NAME OF PROVIDER OR SUPPLIER **ARLINGTON HAVEN**	STREET ADDRESS, CITY, STATE, ZIP CODE **6320 ARLINGTON ROAD** **JACKSONVILLE, FL 32211**	

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

0000 - Initial Comments

All of the deficiecies were found corrected at the time of the desk review.