

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/11/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968535	(X3) DATE SURVEY COMPLETED 03/28/2019
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 On 03/28/2019, an unannounced Limited Nursing Services and Extended Congregate Care survey was conducted at Arbor Terrace Ortega (license #12414). Deficient practice was not identified during the survey.		