STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968820	**04/15/2019**
NAME OF PROVIDER OR SUPPLIER **ARBOR TERRACE PONTE VEDRA LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **5125 PALM VALLEY RD** **PONTE VEDRA BEACH, FL 32082**	

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

0000 - Initial Comments

A biennial re-licensure survey with ECC and emergency power plan monitoring was conducted at Arbor Terrace Ponte Vedra on 4/15/2019. The provider had no deficiencies at the time of the survey.