

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/08/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968535	(X3) DATE SURVEY COMPLETED 03/07/2019
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

A complaint investigation was conducted at Arbor Terrace Ortega on 03/07/19. The provider had no deficiencies at the time of the visit.