STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968993	**06/04/2019**
NAME OF PROVIDER OR SUPPLIER **ARBOR TERRACE SAN JOSE LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3760 DUPONT AVE** **JACKSONVILLE, FL 32217**	

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

0000 - Initial Comments

An Extended Congregate Care monitoring survey and Emergency Environmental Control Plan monitoring survey was conducted at Arbor Terrace San Jose Assisted Living Facility on 06/04/2019. No deficiencies were identified at the time of the survey.