STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910325	**06/01/2017**
NAME OF PROVIDER OR SUPPLIER **L'ARCHE HARBOR HOUSE, INC. II**	STREET ADDRESS, CITY, STATE, ZIP CODE **700 ARLINGTON ROAD** **JACKSONVILLE, FL 32211**	

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

0000 - Initial Comments

An abbreviated licensure survey was conducted at L'Arche Harbor House II (Lic #5895) on 06/01/2017.
L'Arche Harbor House II had no deficiencies found at the time of the visit.