STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910326	**06/20/2017**
NAME OF PROVIDER OR SUPPLIER **L'ARCHE HARBOR HOUSE, INC. III**	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 unannounced biennial relicensure survey was conducted on June 20, 2017 at L'Arche Harbor House III (Lic # 7393). Deficient Practice was not identified during the survey.