STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965346	**07/05/2017**
NAME OF PROVIDER OR SUPPLIER **HARBORCHASE OF JACKSONVILLE**	STREET ADDRESS, CITY, STATE, ZIP CODE **3455 SAN PABLO ROAD** **JACKSONVILLE, FL 32224**	

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

0000 - Initial Comments

On July 5, 2017 a biennial assisted living facility relicensure survey was conducted at Harborchase of Jacksonville (License #9726). Deficient practice was not identified during the survey.

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