STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911149	**07/18/2017**
NAME OF PROVIDER OR SUPPLIER **FANNIE E TAYLOR HOME FOR THE AGED -TAYLOR MANOR,**	STREET ADDRESS, CITY, STATE, ZIP CODE **6605 CHESTER AVENUE** **JACKSONVILLE, FL 32217**	

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

0000 - Initial Comments

A complaint investigation (CCR #2017004753) was conducted at Fannie E. Taylor for the Aged Assisted Living (License #7201) on 7/18/2017. Deficiencies were not identified.