STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932692	**01/10/2018**
NAME OF PROVIDER OR SUPPLIER **L'ARCHE JACKSONVILLE, INC IV**	STREET ADDRESS, CITY, STATE, ZIP CODE **6610 POTTSBURG DRIVE** **JACKSONVILLE, FL 32211**	

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

0000 - Initial Comments

On January 10, 2018 an unannounced biennial re-licensure survey was conducted at L'Arche Jacksonville, Inc. (License #8218). Deficient Practice was not identified during the survey.