

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/26/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910323	(X3) DATE SURVEY COMPLETED R 03/22/2018
NAME OF PROVIDER OR SUPPLIER L'ARCHE HARBOR HOUSE, INC. I	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

All of the deficiencies were found corrected at the time of the desk review.