STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911149	**08/15/2018**
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

On 8/15/2018 an Emergency Power Plan monitoring visit was conducted at Fannie E. Taylor Home for the Aged. No deficient practice was found.