STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910325	**09/27/2018**
NAME OF PROVIDER OR SUPPLIER **L'ARCHE JACKSONVILLE, INC II**	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

A complaint investigation (CCR #2018013305,) was conducted at L'Arche Jacksonville (License #5895) on 09/27/2018. L'Arche Jacksonville had no deficiencies at the time of the investigation.