STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911149	**05/23/2019**
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

An unannounced, abbreviated, biennial re-licensure survey with Extended Congregate Care was conducted at Fannie E Taylor Home for the Aged on 5/23/2019. The facility had no deficiencies at the time of the investigation.