STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969316	**06/10/2019**
NAME OF PROVIDER OR SUPPLIER **HARBORCHASE OF MANDARIN**	STREET ADDRESS, CITY, STATE, ZIP CODE **12350 SAN JOSE BOULEVARD** **JACKSONVILLE, FL 32223**	

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

0000 - Initial Comments

An Extended Congregate Care and Emergency Power Plan monitoring survey along with an Expansion Survey was conducted at Harborchase of Mandarin on June 10, 2019. The provider had no deficiencies at the time of the visit.