STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969316	**01/25/2018**
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

On January 25, 2018 an initial licensure assisted living survey was conducted at Harborchase of Mandarin Assisted Living. Deficient practice was not identified during the survey.