STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911215	R **01/31/2017**
NAME OF PROVIDER OR SUPPLIER **HARBOUR TERRACE**	STREET ADDRESS, CITY, STATE, ZIP CODE **23013 WESTCHESTER BLVD** **PORT CHARLOTTE, FL 33980**	

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

0000 - Initial Comments

A follow-up by desk review was conducted on 1/31/17 for Harbour Terrace, an assisted living facility (license #5075) in Port Charlotte, Florida. The follow-up was in response to the Complaint Survey, CCR #2016014034 and CCR #2016012270 which was conducted on 1/4/17.

Based on the facility's supporting documentation the deficiency was corrected as of 1/31/17.