STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965462	R **01/26/2017**
NAME OF PROVIDER OR SUPPLIER **HARBORCHASE OF TAMARAC**	STREET ADDRESS, CITY, STATE, ZIP CODE **6855 NW 70TH AVENUE** **TAMARAC, FL 33321**	

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

0000 - Initial Comments

An unannounced revisit to the relicensure survey with Extended Congregate Care services was conducted on 01/26/2017 at Harbor Chase of Tamarac. The facility had no deficiencies identified at the time of the survey.