

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/17/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968586	(X3) DATE SURVEY COMPLETED 04/07/2017
NAME OF PROVIDER OR SUPPLIER HARBORCHASE OF VILLAGES CROSSING	STREET ADDRESS, CITY, STATE, ZIP CODE 13517 NE 86TH CT LADY LAKE, FL 32159	

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

0000 - Initial Comments

On 4/7/2017, unannounced complaint survey (CCR#2017000927) was conducted at Harborchase of Villages Crossing (license #12467). The facility was in compliance at the time of the survey.