STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964731	R **06/02/2017**
NAME OF PROVIDER OR SUPPLIER **HARBOR POINT ALF, INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **1045 HARBOR LAKE DRIVE** **SAFETY HARBOR, FL 34695**	

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

0000 - Initial Comments

Assisted Living Facility

A follow up visit to CCR#2017001584 was conducted at Harbor Point ALF Inc. on 6/02/17. Harbor Point had no deficiencies at the time of the visit.
License # 9270