STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969234	**07/07/2017**
NAME OF PROVIDER OR SUPPLIER **HARBORCHASE OF PALM BEACH GARDENS**	STREET ADDRESS, CITY, STATE, ZIP CODE **3000 CENTRAL GARDENS CIR** **PALM BEACH GARDENS, FL 33418**	

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

0000 - Initial Comments

An announced Initial Assisted Living Facility licensure survey was conducted at Harborchase of Palm Beach Gardens on 07/07/2017. The facility had no deficiencies found at the time of the visit.