

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/17/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965444	(X3) DATE SURVEY COMPLETED R 06/23/2017
NAME OF PROVIDER OR SUPPLIER HARBORCHASE OF GAINESVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 1415 FORT CLARKE BLVD GAINESVILLE, FL 32606	

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

0000 - Initial Comments

On 6/23/2017, a follow-up to complaint investigation (CCR#2017004084) was conducted at Harborchase Of Gainesville (License #9815). The previously cited deficiency was cleared as a result of the visit.