STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964835	R **08/30/2017**
NAME OF PROVIDER OR SUPPLIER **HARMONY PLACE**	STREET ADDRESS, CITY, STATE, ZIP CODE **11937 NW 31ST STREET** **CORAL SPRINGS, FL 33065**	

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

0000 - Initial Comments

A relicensure revisit survey was conducted on 7/31/17 and 8/30/17 at Harmony Place Assisted Living Facility, License 9289. The facility had no uncorrected deficiencies found at the time of the survey.