

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/15/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963919	(X3) DATE SURVEY COMPLETED R 08/22/2017
NAME OF PROVIDER OR SUPPLIER HARBORCHASE	STREET ADDRESS, CITY, STATE, ZIP CODE 2960 TAMPA ROAD PALM HARBOR, FL 34684	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility A follow-up visit to 6/1/17 biennial survey with extended congregate care (ECC) was conducted on 8/22/17. The deficient practice previously cited on 6/1/17 was corrected during the visit. (License #8728)		