STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963919	**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

An unannounced complaint survey, (CCR# 2017006010), was conducted on 8/22/17, in conjunction with a revisit to the 6/1/17 complaint survey CCR# 2017003406, and a revisit to the 6/1/17 Biennial state licensure survey with Extended Congregate Care (ECC).

The Harborchase, Assisted Living Facility, (License #8728), had no deficiencies specific to the complaint at the time of this visit.