STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963919	**11/08/2017**
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 complaint investigation, (CCR# 2017011673), was conducted at Harborchase on 11/8/17. Harborchase had no deficiencies at the time of the investigation.

(License # 8728)