STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963919	R **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 2nd revisit to 6/1/17 and 8/22/17 complaint survey, (CCR# 2017003406), was conducted on 11/8/17 at Harborchase. The deficient practice previously cited on 8/22/17 was corrected during the visit.

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