STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965444	**07/19/2017**
NAME OF PROVIDER OR SUPPLIER **HARBORCHASE OF GAINESVILLE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1415 FORT CLARKE BLVD** **GAINESVILLE, FL 32606**	

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

0000 - Initial Comments

On July 19, 2017, a complaint investigation survey (CCR#2017004341) was conducted at Harborchase of Gainesville Assisted Living Facility (license number 9815). During the survey, no deficient practice was identified.