STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965444	**10/24/2017**
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 October 24, 2017, an unannounced biennial re-licensure with extended congregate care and complaint (CCR#2017009125) survey were conducted at Harborchase of Gainesville Assisted Living Facility (license # 9815). No Deficient practice was identified at the time of survey.