STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963919	**12/28/2017**
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 Extended Congregate Care (ECC) monitoring visit was conducted on 12/28/17.

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