STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911215	**01/04/2018**
NAME OF PROVIDER OR SUPPLIER **HARBOUR TERRACE**	STREET ADDRESS, CITY, STATE, ZIP CODE **23013 WESTCHESTER BLVD** **PORT CHARLOTTE, FL 33980**	

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

0000 - Initial Comments

An unannounced complaint survey for CCR# 2017012762 was conducted 1/3/18 through 1/4/18 at Harbor Terrace, an assisted living facility (license #5075) in Port Charlotte, Florida.

The complaint contained 3 allegations, of which 3 were unsubstantiated.

No deficiencies were found at the time of the visit.