

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/07/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969234	(X3) DATE SURVEY COMPLETED 01/18/2018
NAME OF PROVIDER OR SUPPLIER HARBORCHASE OF PALM BEACH GARDENS	STREET ADDRESS, CITY, STATE, ZIP CODE 3000 CENTRAL GARDENS CIR PALM BEACH GARDENS, FL 33418	

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

0000 - Initial Comments

An unannounced complaint survey (CCR #2017012745) was conducted on 01/18/2018, at Harborchase of Palm Beach Gardens, License #13037. The facility had no deficiencies found during the time of the survey.