

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/09/2018
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 Initial ECC survey was conducted on 01/18/2018 at Harborchase of the Palm Beach Gardens, License #13037. The facility had no deficiencies identified during the survey.		