

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 02/27/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911215	(X3) DATE SURVEY COMPLETED 02/13/2018
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 #2018000359 was conducted 2/12/18 through 2/13/18 at Harbour Terrace, an assisted living facility (license #5075) in Port Charlotte, Florida.

No deficiencies were found at the time of the visit.