STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910518	R **04/12/2018**
NAME OF PROVIDER OR SUPPLIER **HARBOR VIEW ACRES, INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **24450 HARBORVIEW ROAD** **PORT CHARLOTTE, FL 33980**	

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

0000 - Initial Comments

An unannounced revisit survey was conducted on 4/12/18 at Harbor View Acres, Inc., an assisted living facility (license #7257) in Port Charlotte, Florida.

This was a follow-up to the relicensure survey completed on 1/17/18.

The previous deficiency was found corrected and no new deficiencies were identified.