STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965462	**03/30/2018**
NAME OF PROVIDER OR SUPPLIER **HARBORCHASE OF TAMARAC**	STREET ADDRESS, CITY, STATE, ZIP CODE **6855 NW 70TH AVENUE** **TAMARAC, FL 33321**	

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

0000 - Initial Comments

An unannounced Extended Congregate Care (ECC) monitoring survey was conducted on 03/30/2018 at Harborchase of Tamarac, License #9833. The facility had no deficiencies at the time of the visit.