STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969382	**05/17/2018**
NAME OF PROVIDER OR SUPPLIER **HARBORCHASE OF WILDWOOD**	STREET ADDRESS, CITY, STATE, ZIP CODE **1477 HUEY WILDWOOD** **WILDWOOD, FL 34785**	

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

0000 - Initial Comments

On 05/17/2018 an initial licensure survey was conducted at Harbor Chase of Wildwood Assisted living and Memory Care Facility, Wildwood, Florida. Deficient practice was not identified as a result of this survey. The facility was in compliance at this time.