

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 06/11/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964731	(X3) DATE SURVEY COMPLETED R 06/06/2018
NAME OF PROVIDER OR SUPPLIER HARBOR POINT ALF, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 1045 HARBOR LAKE DRIVE SAFETY HARBOR, FL 34695	

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

0000 - Initial Comments

ASSISTED LIVING FACILITY

On 06/06/18, a follow-up was conducted to the 04/17/18 biennial licensure survey. The previously cited deficiencies were corrected via desk review.