STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965444	R **09/07/2018**
NAME OF PROVIDER OR SUPPLIER **HARBORCHASE OF GAINESVILLE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1415 FORT CLARKE BLVD** **GAINESVILLE, FL 32606**	

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

0000 - Initial Comments

On September 7, 2018, an unannounced follow-up to extended congregate care monitoring and complaint (CCR #2018002643) survey was conducted by desk review for Harborchase of Gainesville Assisted Living Facility (License #9815). Deficient practice was cleared at the time of the survey.