STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911215	**09/07/2018**
NAME OF PROVIDER OR SUPPLIER **HARBOUR TERRACE**	STREET ADDRESS, CITY, STATE, ZIP CODE **23013 WESTCHESTER BLVD** **PORT CHARLOTTE, FL 33980**	

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

0000 - Initial Comments

An unannounced complaint survey #2018013405 was conducted on 9/7/18 at Harbour Terrace, an assisted living facility (license #5075) in Port Charlotte, Florida.

The complaint contained one allegation, which was unsubstantiated without citation.

No deficiencies were found at the time of this visit.