STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965157	R **11/21/2018**
NAME OF PROVIDER OR SUPPLIER **HARBORCHASE OF CORAL SPRINGS**	STREET ADDRESS, CITY, STATE, ZIP CODE **2975 NW 99TH AVENUE** **CORAL SPRINGS, FL 33065**	

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

0000 - Initial Comments

An unannounced Relicensure revisit was conducted on 11/21/2018 at Harborchase of Coral Springs, License #9503. The facility corrected the previously cited deficiencies at the time of the survey.