STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969434	**11/19/2018**
NAME OF PROVIDER OR SUPPLIER **HARBORCHASE OF WELLINGTON CROSSING**	STREET ADDRESS, CITY, STATE, ZIP CODE **8785 LAKE WORTH ROAD** **WELLINGTON, FL 33467**	

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

0000 - Initial Comments

An Initial Assisted Living Facility Licensure survey was completed at Harborchase of Wellington Crossing (File#11969434) on 11/19/2018. The facility had no deficiencies identified at the time of the survey.