

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/18/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969234	(X3) DATE SURVEY COMPLETED R 11/19/2018
NAME OF PROVIDER OR SUPPLIER HARBORCHASE OF PALM BEACH GARDENS	STREET ADDRESS, CITY, STATE, ZIP CODE 3000 CENTRAL GARDENS CIR PALM BEACH GARDENS, FL 33418	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced revisit to licensure complaint survey, CCR #2018003775 and CCR #2018004197, was conducted on 11/19/2018 at HarborChase of Palm Beach Gardens, License #13037. Previously cited deficiencies were found corrected. This survey was conducted in conjunction with licensure complaint survey, CCR #2018013465. See separate report for findings.		