

**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 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 licensure complaint survey, CCR #2018013465, was conducted on 11/19/2018 at HarborChase of Palm Beach Gardens, License #13037. The facility had no deficiencies at the time of the survey.

This survey was conducted in conjunction with licensure complaint revisit survey, CCR #2018003775 and CCR #2018004197. See separate report for the findings.