

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/03/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969452	(X3) DATE SURVEY COMPLETED 12/12/2018
NAME OF PROVIDER OR SUPPLIER HARBORCHASE OF DR PHILLIPS	STREET ADDRESS, CITY, STATE, ZIP CODE 7233 DELLA DRIVE ORLANDO, FL 32819	

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

0000 - Initial Comments

Initial Assisted Living Facility licensure survey was conducted on 12/12/18. Harbor Chase Assisted Living had no deficiencies found at the time of the visit.