

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/03/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965444	(X3) DATE SURVEY COMPLETED C 01/25/2018
NAME OF PROVIDER OR SUPPLIER HARBORCHASE OF GAINESVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 1415 FORT CLARKE BLVD GAINESVILLE, FL 32606	

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

0000 - Initial Comments

On January 25, 2018, an unannounced complaint survey (CCR#2017015660) was conducted at Harborchase of Gainesville Assisted Living Facility (license # 9815), Gainesville, FL. No Deficient practice was identified at the time of survey.