

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968928	(X3) DATE SURVEY COMPLETED 11/07/2018
NAME OF PROVIDER OR SUPPLIER HARBORCHASE OF SARASOTA	STREET ADDRESS, CITY, STATE, ZIP CODE 5311 PROCTOR RD SARASOTA, FL 34233	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced complaint survey for CCR# 2018014058 was conducted 11/7/18 at Harborchase of Sarasota, an assisted living facility (license #12753) in Sarasota, Florida. No deficiencies were found at the time of the visit..		