

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/08/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911215	(X3) DATE SURVEY COMPLETED R 12/14/2018
NAME OF PROVIDER OR SUPPLIER HARBOUR TERRACE	STREET ADDRESS, CITY, STATE, ZIP CODE 23013 WESTCHESTER BLVD PORT CHARLOTTE, FL 33980	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A follow-up by desk review was conducted on 12/14/18 for Harbour Terrace, an assisted living facility (license # 5075) in Port Charlotte, Florida. The follow-up was in response to the complaint survey for CCR#2018013688 which was conducted on 10/30/18. Based on the facility's supporting documentation, the deficiencies were corrected as of 12/14/18.		