STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969382	R-C **01/15/2019**
NAME OF PROVIDER OR SUPPLIER **HARBORCHASE OF WILDWOOD**	STREET ADDRESS, CITY, STATE, ZIP CODE **1477 HUEY WILDWOOD** **WILDWOOD, FL 34785**	

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

0000 - Initial Comments

On January 15, 2019, an unannounced follow-up to initial Extended Congregate Care survey was conducted at Harborchase of Wildwood Assisted Living Facility (License #13179). No deficient practice was identified at the time of the survey.

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