

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/08/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968586	(X3) DATE SURVEY COMPLETED R-C 01/24/2019
NAME OF PROVIDER OR SUPPLIER HARBORCHASE OF VILLAGES CROSSING	STREET ADDRESS, CITY, STATE, ZIP CODE 13517 NE 86TH CT LADY LAKE, FL 32159	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments On January 24, 2019, an unannounced follow-up to complaint investigation survey (CCR #2018015487) was conducted at Harborchase at Villages Crossing (License #12467), Lady Lake, FL. No deficient practice was identified at the time of the survey.		