

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 02/15/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965462	(X3) DATE SURVEY COMPLETED R 01/29/2019
NAME OF PROVIDER OR SUPPLIER HARBORCHASE OF TAMARAC	STREET ADDRESS, CITY, STATE, ZIP CODE 6855 NW 70TH AVENUE TAMARAC, FL 33321	

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

0000 - Initial Comments

An unannounced re-visit survey was conducted on 1/29/19 at Harborchase of Tamarac, License #9833.
The facility had no deficiencies at the time of the visit.