

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/19/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969434	(X3) DATE SURVEY COMPLETED 03/11/2019
NAME OF PROVIDER OR SUPPLIER HARBORCHASE OF WELLINGTON CROSSING	STREET ADDRESS, CITY, STATE, ZIP CODE 8785 LAKE WORTH ROAD WELLINGTON, FL 33467	

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

0000 - Initial Comments

An unannounced Extended Congregate Care (ECC) initial licensure survey was conducted on 03/11/2019 at HarborChase of Wellington Crossing (Lic#13240). The facility had no deficiencies identified at the time of the survey.