STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910518	**03/06/2019**
NAME OF PROVIDER OR SUPPLIER **HARBOR VIEW ACRES, INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **24450 HARBORVIEW ROAD** **PORT CHARLOTTE, FL 33980**	

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

0000 - Initial Comments

An unannounced emergency power plan monitoring survey was conducted on 3/6/19 at Harbor View Acres, an assisted living facility (license #7257) in Port Charlotte, Florida.

No deficiencies were found at the time of the visit.

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