

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/16/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963919	(X3) DATE SURVEY COMPLETED 04/01/2019
NAME OF PROVIDER OR SUPPLIER HARBORCHASE	STREET ADDRESS, CITY, STATE, ZIP CODE 2960 TAMPA ROAD PALM HARBOR, FL 34684	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility An Extended Congregate Care (ECC) Monitoring Survey was conducted on The Harborchase, Assisted Living Facility /License #8728, had no deficiencies at the time of this visit.		