STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969234	**05/07/2019**
NAME OF PROVIDER OR SUPPLIER **HARBORCHASE OF PALM BEACH GARDENS**	STREET ADDRESS, CITY, STATE, ZIP CODE **3000 CENTRAL GARDENS CIR** **PALM BEACH GARDENS, FL 33418**	

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

0000 - Initial Comments

A Complaint Investigation survey (complaint #2019002690) was conducted at Harborchase of Palm Beach Gardens on 05/07/19. The provider had no deficiencies identified at the time of the survey.