

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AL11965157</b>	(X3) DATE SURVEY COMPLETED  <b>10/19/2017</b>
NAME OF PROVIDER OR SUPPLIER <b>HARBORCHASE OF CORAL SPRINGS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2975 NW 99TH AVENUE CORAL SPRINGS, FL 33065</b>	

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

**0000 - Initial Comments**

An unannounced licensure complaint survey (CCR #2017006755) was conducted on 10/19/17 at the HarborChase of Coral Springs ALF, License #9503. The facility had no deficiencies at the time of the visit.