

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965157	(X3) DATE SURVEY COMPLETED 11/29/2017
NAME OF PROVIDER OR SUPPLIER HARBORCHASE OF CORAL SPRINGS	STREET ADDRESS, CITY, STATE, ZIP CODE 2975 NW 99TH AVENUE CORAL SPRINGS, FL 33065	

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

0000 - Initial Comments

An unannounced complaint survey (CCR # 2017007194) was conducted on 11/29/2017 at Harborchase Of Coral Springs(License #9503). The facility had no deficiencies at the time of the visit.