

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965157	(X3) DATE SURVEY COMPLETED 03/30/2018
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 Extended Congregate Care monitoring survey was conducted on 03/30/2018 at Harborchase of Coral Springs, License #8697. The facility had no deficiencies at the time of the visit.