STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969434	**03/18/2019**
NAME OF PROVIDER OR SUPPLIER **HARBORCHASE OF WELLINGTON CROSSING**	STREET ADDRESS, CITY, STATE, ZIP CODE **8785 LAKE WORTH ROAD** **WELLINGTON, FL 33467**	

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

0000 - Initial Comments

An unannounced licensure complaint survey, CCR #2019001611 commenced on [redacted] and was completed on [redacted] at Harbor Chase of Wellington Crossing, License #13240. The facility had no deficiencies at the time of the survey.