

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963919	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 05/20/2013
NAME OF PROVIDER OR SUPPLIER HARBORCHASE		STREET ADDRESS, CITY, STATE, ZIP CODE 2960 TAMPA ROAD PALM HARBOR, FL 34684			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
A 000	Initial Comments Assisted Living Facility A complaint survey, CCR# 2013004608, was conducted on 5/20/13 in conjunction with a biennial state licensure survey with extended congregate care (ECC), see (Aspen Event E8X011). The Harborchase, assisted living facility, had no deficiencies found at the time of the visit.	A 000			

AHCA Form 3020-0001

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
STATE FORM

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RIHH11

If continuation sheet 1 of 1

RICK SCOTT
GOVERNOR



ELIZABETH DUDEK
SECRETARY

May 30, 2013

Administrator
Harborchase
2960 Tampa Road
Palm Harbor, FL 34684

Dear Administrator:

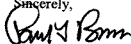
Re: **CCR# 2013004608** & Abbreviated biennial

This letter reports the findings of a complaint survey and an abbreviated biennial state licensure survey that was conducted on May 20, 2013, by a representative of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies that was identified on the day of the visit relative to the abbreviated biennial state licensure survey. Section 408.811(4), Florida Statutes, requires that you correct this deficiency within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review to verify that the necessary corrections are in place to correct the deficiency identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

for Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosures: State Forms 3020

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