

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 09/17/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11953368	(X3) DATE SURVEY COMPLETED 09/11/2013
NAME OF PROVIDER OR SUPPLIER Harbor Memory Care Of North Collier	STREET ADDRESS, CITY, STATE, ZIP CODE 101 Cypress Way East Naples, FL 34110	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0152-Physical Plant - Safe Living Environ/other-09/11/2013

This is the result of an unannounced follow-up to CCR# 2013007733 which was conducted on 9/11/2013 at Harbor Memory Care an Assisted Living Facility (ALF) in Naples, FL.

All previous citations have been substantially improved or corrected.

No deficiencies were cited relevant to the survey during this visit.

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 17, 2013

Administrator
Harbor Memory Care Of North Collier
101 Cypress Way East
Naples, FL 34110

RE: CCR# 2013007733

Dear Administrator:

This letter reports the findings of a Complaint survey revisit conducted on September 11, 2013 by a representative of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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 this office at (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

sh

Enclosure: State Form

