

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 10/30/2013

FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965356	(X3) DATE SURVEY COMPLETED 10/30/2013
NAME OF PROVIDER OR SUPPLIER Harborchase Of Tallahassee	STREET ADDRESS, CITY, STATE, ZIP CODE 100 John Knox Road Tallahassee, FL 32303	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0010-Admissions - Continued Residency-10/30/2013

0053-Medication - Administration-10/30/2013

0000-Initial Comments

A desk review follow-up was completed 10/30/2013 for the Biennial licensure survey of 8/8/2013 at Harborchase of Tallahassee, Assisted Living Facility. There were no deficiencies found at the time of the desk review.

RICK SCOTT
GOVERNOR



ELIZABETH DUDEK
SECRETARY

October 30, 2013

Administrator
Harborchase Of Tallahassee
100 John Knox Road
Tallahassee, FL 32303

Dear Administrator:

This letter reports the findings of a state licensure survey desk review revisit conducted on October 30, 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 review. **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 surveyors. Should you have any questions please call me at 850-412-4540.

Sincerely,

Donah Heiberg, M.S.W.
Field Office Manager

DH/pm
Enclosure

DT9D

