STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910518	**02/10/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Harbor View Acres, Inc.	**24450 Harborview Road Port Charlotte, FL 33980**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0077 - 58a-5.019(1) Fac - Staffing Standards - Administrators S-S= B

Specific Tag Findings:
These are the results of an unannounced Complaint Survey, CCR #2014000787 which was completed at Harbor View Acres, Inc. an Assisted Living Facility (ALF).

The allegation was not substantiated. At the time of the survey an un-related deficiency was identified.

The following is a description of non-compliance:

0077-Staffing Standards - Administrators 58A-5.019(1) FAC
Based on record review and interview, the facility failed to have a seperate manager who has completed CORE training assigned for each facility. The Administrator supervises more than one facility.

The findings include:

Record review found the Administrator supervises more than one Assisted Living Facility (ALF).

On _____ at 2:14 p.m., the Manager stated she is the Manager of both of the facilities supervised by the Administrator.

Class

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Harbor View Acres, Inc.
24450 Harborview Road
Port Charlotte, FL 33980

Re: CCR #2014000787

Dear Administrator:

This letter reports the findings of a Complaint survey that was conducted on , 2014 by a representative of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after , 2014 to verify that the necessary corrections are in place to correct the deficiencies 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 this office at (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

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Enclosure: State Form

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Fort Myers Field Office
2295 Victoria Avenue,
Fort Myers, FL 33901
Phone (239) 335-1315; Fax (239) 338-2372