

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 02/18/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11910518	(X3) DATE SURVEY COMPLETED 02/18/2014
NAME OF PROVIDER OR SUPPLIER Harbor View Acres, Inc.	STREET ADDRESS, CITY, STATE, ZIP CODE 24450 Harborview Road Port Charlotte, FL 33980	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0077-Staffing Standards - Administrators-02/11/2014

A follow-up by Desk Review of submitted materials was completed on 2/18/14 for the Complaint Survey, CCR #2014000787 at Harbor View Acres, an Assisted Living Facility (ALF).

The information provided substantially corrected the deficiency.

0077-Staffing Standards - Administrators 58A-5.019(1) FAC



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

February 18, 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 revisit conducted by Desk Review on February 18, 2014 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

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Enclosure: State Form

