

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 02/26/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965356	(X3) DATE SURVEY COMPLETED 02/26/2014
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)		

0000-Initial Comments

An unannounced extended congregate care monitoring visit was conducted at Harborchase of Tallahassee, assisted living facility. There were no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

February 26, 2014

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

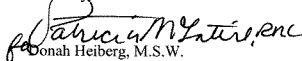
Dear Administrator:

This letter reports findings of a state licensure extended congregate care monitoring visit that was conducted on February 26, 2014 by a representative of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the 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 me at 850-412-4540.

Sincerely,


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

DH/pm
Enclosure

1GGN

