



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 12, 2014

Administrator
Harborage of Gainesville
1415 Fort Clarke Boulevard
Gainesville, FL 32606

Re: CCR #2014002328

Dear Administrator:

This letter reports the findings of a complaint survey completed on April 10, 2014 by a representative of this office. Enclosed is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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 contact this office at (386) 462-6201.

Sincerely,

Kriste J. Mennella
Field Office Manager

KJM/amw

Enclosure



AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 05/12/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965444	(X3) DATE SURVEY COMPLETED 04/10/2014
NAME OF PROVIDER OR SUPPLIER Harborchase Of Gainesville	STREET ADDRESS, CITY, STATE, ZIP CODE 1415 Fort Clarke Blvd Gainesville, FL 32606	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

On 04/10/2014, an unannounced **complaint survey** CCR #2014002328 was conducted at Harborchase Assisted Living Facility in Gainesville Florida. Deficient practice was not identified.