



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 20, 2014

Administrator
Harborchase Of Gainesville
1415 Fort Clarke Blvd
Gainesville, FL 32606

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on May 5, 2014 by a representative of this office. Enclosed 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 this office at (386) 462-6201.

Sincerely,

Kristie J. Mennella
Field Office Manager

KJM/amw

Enclosure



AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 05/20/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965444	(X3) DATE SURVEY COMPLETED 05/05/2014
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 May 5, 2014 an unannounced Extended Congregate Care Monitoring survey was conducted at Harbor Chase Assisted Living Facility located in Gainesville, Florida. There were no deficiencies cited. The facility was in compliance.