

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11953368	(X3) DATE SURVEY COMPLETED 08/20/2014
NAME OF PROVIDER OR SUPPLIER Harbor Memory Care Of North Collier	STREET ADDRESS, CITY, STATE, ZIP CODE 101 Cypress Way East Naples, FL 34110	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

An unannounced complaint investigation for CCR# 2014005380 was conducted 8/19/14 through 8/20/14 at Harborchase of North Collier an Assisted Living Facility (ALF) in Naples, Florida.

The complaint contained 2 allegations, both of which were unsubstantiated.

No deficiencies were cited relevant to the survey during this visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 2, 2014

Administrator
Harbor Memory Care Of North Collier
101 Cypress Way East
Naples, FL 34110

RE: CCR #2014005380

Dear Administrator:

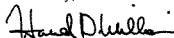
This letter reports the findings of a complaint survey completed on August 20, 2014 by a representative of this office.

Attached 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 (239) 335-1315.

Sincerely,


Harold D. Williams
Field Office Manager

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Enclosure: State Form

