

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11911215	(X3) DATE SURVEY COMPLETED 09/04/2014
NAME OF PROVIDER OR SUPPLIER Harbour Terrace	STREET ADDRESS, CITY, STATE, ZIP CODE 23013 Westchester Blvd Port Charlotte, FL 33980	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

This is the survey report for Harbor Terrace, an Assisted Living Facility (ALF), located in Port Charlotte, Florida for Complaint Survey, CCR# 2014005730. This survey was conducted starting a 4:15 a.m. on 9/3/14 and completed on 9/4/14.

There were 2 allegations in this complaint, neither of which was substantiated. There were no deficiencies cited for this complaint.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 17, 2014

Administrator
Harbour Terrace
23013 Westchester Blvd
Port Charlotte, FL 33980

RE: CCR #2014005730

Dear Administrator:

This letter reports the findings of a complaint survey completed on September 4, 2014 by representative(s) 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(s). 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

