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|--------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11965157</b>                           | (X3) DATE SURVEY COMPLETED<br><br><b>10/29/2014</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>Harborchase Of Coral Springs</b>                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>2975 NW 99th Avenue<br/>Coral Springs, FL 33065</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) |                                                                                                     |                                                     |

**Revisit Corrected Tags:**

0055-Medication - Storage And Disposal-10/29/2014

0152-Physical Plant - Safe Living Environ/other-10/29/2014

**Specific Tag Findings:**

**0000-Initial Comments**

An unannounced follow-up to the licensure survey was conducted on 10/29/14. Harbor Chase of Coral Springs had no deficiencies found at the time of the visit.



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

November 7, 2014

Administrator  
Harborchase Of Coral Springs  
2975 NW 99th Avenue  
Coral Springs, FL 33065

RE: Relicensure Survey Revisit

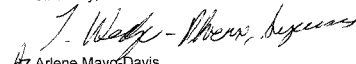
Dear Administrator:

This letter reports the findings of a state Relicensure survey revisit conducted on October 29, 2014 by a representative of this office. Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit.

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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

  
Arlene Mayo-Davis  
Field Office Manager

AMD  
Enclosure

