



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 24, 2014

Administrator
Harbor House at Ocala
12080 S.W. Highway 484
Dunnellon, FL 34432

Dear Administrator:

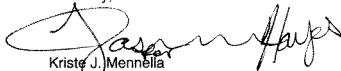
This letter reports the findings of a state licensure survey revisit conducted on November 13, 2014 by representative(s) of this office.

Enclosed 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. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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 call this office at (386) 462-6201.

Sincerely,



Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure



STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11953175	(X3) DATE SURVEY COMPLETED 11/13/2014
NAME OF PROVIDER OR SUPPLIER Harbor House At Ocala	STREET ADDRESS, CITY, STATE, ZIP CODE 12080 S.W. Highway 484 Dunnellon, FL 34432	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

E207-Ecc - Services-11/13/2014

0000-Initial Comments

A follow-up to an Extended Congregate Care Monitoring Survey was conducted on 11/12/2014 and 11/13/2014 at The Harbor House Assisted Living Facility, 12080 SW Highway 484, Dunnellon, FL. Previously cited deficiencies were cleared.