STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965356	01/08/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Harborchase Of Tallahassee	100 John Knox Road Tallahassee, FL 32303	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
E205-Ecc - Health Assessment-01/08/2015
E206-Ecc - Service Plans-01/08/2015
E207-Ecc - Services-01/08/2015

0000-Initial Comments

An Extended Congregate Care Monitoring Revisit (in conjunction with a new Extended Congregate Care Monitoring) was conducted on 1/8/2015. At the time of survey the deficiencies were cleared.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 13, 2015

Administrator
Harborchase Of Tallahassee
100 John Knox Road
Tallahassee, FL 32303

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on January 8, 2015 by representative(s) 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. **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 me at 850-412-4540.

Sincerely,

Dorian Herberg
Field Office Manager

DH/dh
Enclosure

DT9D

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