



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

February 10, 2015

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 February 5, 2015 by a representative 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. Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Kristle J. Mennella  
Field Office Manager

KJM/amw  
Enclosure



|                                                                                                        |                                                                                                    |                                                     |
|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11953175</b>                          | (X3) DATE SURVEY COMPLETED<br><br><b>02/05/2015</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>Harbor House At Ocala</b>                                       | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>12080 S.W. Highway 484<br/>Dunnellon, FL 34432</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) |                                                                                                    |                                                     |

**Revisit Corrected Tags:**

0008-Admissions - Health Assessment-02/05/2015  
 0030-Resident Care - Rights & Facility Procedures-02/05/2015  
 0078-Staffing Standards - Staff-02/05/2015  
 0090-Training - Do Not Resuscitate Orders-02/05/2015

0000-Initial Comments

An unannounced Follow Up to a Biennial Survey with Extended Congregate Care Services monitoring survey was conducted at Harbor House At Ocala in Dunellon, Florida on February 5, 2015. Deficient practice was not identified at the time of the survey. The facility was in compliance with 58A-5, FAC and Chapter 429, Part I, FS for this survey only.