STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911215	**02/16/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Harbour Terrace	**23013 Westchester Blvd Port Charlotte, FL 33980**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0078-Staffing Standards - Staff-02/16/2015
0081-Training - Staff In-Service-02/16/2015
0082-Training - Hiv/aids-02/16/2015
0090-Training - Do Not Resuscitate Orders-02/16/2015
0091-Training - Documentation & Monitoring-02/16/2015

Specific Tag Findings:
A follow-up by desk review of submitted materials was completed on 2/16/15 for Harbour Terrace, an Assisted Living Facility in Port Charlotte, FL. The original Change of Ownership survey was completed on 1/27/15.

The deficiencies were found to be corrected and no new deficiencies were identified during this review.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

February 23, 2015

Administrator
Harbour Terrace
23013 Westchester Blvd
Port Charlotte, FL 33980

Dear Administrator:

This letter reports the findings of a state licensure survey revisit by desk review conducted on February 16, 2015 by a representatives 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. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Jon Seehawer, RN
Field Office Manager

JS:ec
Enclosure: State Form

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