| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11953368** | **03/05/2015** |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| **Harborchase Of North Collier** | **101 Cypress Way East Naples, FL 34110** | |
| SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) | | |

**Revisit Corrected Tag:**
E207-Ecc - Services-03/05/2015

An unannounced second follow-up survey was conducted on 3/5/15 at Harborchase of North Collier, an Assisted Living Facility in Naples, Florida. The original Extended Congregate Care (ECC) survey was completed on 11/18/14.

The previous deficiency was corrected and no deficiencies were found at the time of this survey.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 18, 2015

Administrator
Harborchase of North Collier
101 Cypress Way East
Naples, Florida 34110

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on March 5, 2015 by a representative of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiency was 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:sp
Enclosures: State Form and Revisit Report

DT9D

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