

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965346	(X3) DATE SURVEY COMPLETED 04/06/2015
NAME OF PROVIDER OR SUPPLIER HARBORCHASE OF JACKSONVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 3455 SAN PABLO ROAD JACKSONVILLE, FL 32224	

**SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)**

0000 - Initial Comments

An unannounced Extended Congregate Care survey was conducted at Harborchase of Jacksonville, on April 6, 2015. No licensure deficiencies were identified as a result of the survey.



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

April 10, 2015

Administrator
Harborchase of Jacksonville
3455 San Pablo Road
Jacksonville, FL 32224

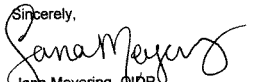
Dear Administrator:

This letter reports findings of a state licensure Extended Congregate Care survey that was conducted on April 6, 2015 by a representative of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

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 (904) 798-4201.

Sincerely,


Jana Meyering, QAP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JS/JM/sm
Enclosure

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