

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/06/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11953368	(X3) DATE SURVEY COMPLETED 04/27/2015
NAME OF PROVIDER OR SUPPLIER HARBORCHASE OF NORTH COLLIER	STREET ADDRESS, CITY, STATE, ZIP CODE 101 CYPRESS WAY EAST NAPLES, FL 34110	

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

0000 - Initial Comments

An unannounced Complaint Survey (CCR#2015002088) was conducted on 04/27/15 at Harbor Chase of North Collier, an Assisted Living Facility in Naples, Florida.

There were 3 allegations, of which, no allegations were substantiated



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 6, 2015

Administrator
Harborchase Of North Collier
101 Cypress Way East
Naples, FL 34110

RE: CCR #2015002088

Dear Administrator:

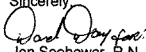
This letter reports the findings of a complaint survey completed on April 27, 2015 by a representative of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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 contact this office at (239) 335-1315.

Sincerely,



Jon Seehawer, R.N.
Field Office Manager

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Enclosure: State Form

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