

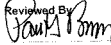
### State Form: Revisit Report

|                                                                              |                                                             |                                                                                          |
|------------------------------------------------------------------------------|-------------------------------------------------------------|------------------------------------------------------------------------------------------|
| <b>(Y1) Provider / Supplier / CLIA / Identification Number</b><br>AL11963919 | <b>(Y2) Multiple Construction</b><br>A. Building<br>B. Wing | <b>(Y3) Date of Revisit</b><br>8/3/2015                                                  |
| <b>Name of Facility</b><br>HARBORCHASE                                       |                                                             | <b>Street Address, City, State, Zip Code</b><br>2960 TAMPA ROAD<br>PALM HARBOR, FL 34684 |

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

| (Y4) Item                                                  | (Y5) Date                          | (Y4) Item                                           | (Y5) Date                          | (Y4) Item                                                    | (Y5) Date                          |
|------------------------------------------------------------|------------------------------------|-----------------------------------------------------|------------------------------------|--------------------------------------------------------------|------------------------------------|
| ID Prefix A0030<br>Reg. # 58A-5.0182(6) FAC; 429.28<br>LSC | Correction Completed<br>08/03/2015 | ID Prefix A0053<br>Reg. # 58A-5.0185(4) FAC<br>LSC  | Correction Completed<br>08/03/2015 | ID Prefix A0081<br>Reg. # 58A-5.0191(2) FAC<br>LSC           | Correction Completed<br>08/03/2015 |
| ID Prefix A0090<br>Reg. # 58A-5.0191(11) FAC<br>LSC        | Correction Completed<br>08/03/2015 | ID Prefix A0091<br>Reg. # 58A-5.0191(12) FAC<br>LSC | Correction Completed<br>08/03/2015 | ID Prefix A0161<br>Reg. # 429.275(2) FS; 58A-5.024(2)<br>LSC | Correction Completed<br>08/03/2015 |
| ID Prefix<br>Reg. #<br>LSC                                 | Correction Completed               | ID Prefix<br>Reg. #<br>LSC                          | Correction Completed               | ID Prefix<br>Reg. #<br>LSC                                   | Correction Completed               |
| ID Prefix<br>Reg. #<br>LSC                                 | Correction Completed               | ID Prefix<br>Reg. #<br>LSC                          | Correction Completed               | ID Prefix<br>Reg. #<br>LSC                                   | Correction Completed               |
| ID Prefix<br>Reg. #<br>LSC                                 | Correction Completed               | ID Prefix<br>Reg. #<br>LSC                          | Correction Completed               | ID Prefix<br>Reg. #<br>LSC                                   | Correction Completed               |

Reviewed By  
State Agency  
Reviewed By  
CMS RO

Reviewed By  
  
Reviewed By

Date: 8/3/15  
Date:

Signature of Surveyor:  
Signature of Surveyor:

Date:  
Date:

Followup to Survey Completed on:  
5/27/2015

Check for any Uncorrected Deficiencies. Was a Summary of  
Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

August 3, 2015

Administrator  
Harborchase  
2960 Tampa Road  
Palm Harbor, FL 34684

Dear Administrator:

This letter reports the findings of a state licensure survey desk review conducted on August 3, 2015 by representative(s) 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 desk review.

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(s). Should you have any questions please call **Paul Brown**, HFES at (727) 552-2000.

Sincerely,

*Paul Brown*  
Patricia Reid Cauffman  
Field Office Manager

PRC/clt

Enclosure: State Form (5000-3547)

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