STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953368	**09/01/2015**
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 #2015008075 and CCR #2015005658 was conducted on 9/1/15 at Harborchase of North Collier, an Assisted Living Facility located in Naples, Florida.

Complaint CCR #2015008075 had three allegations. These allegations were not substantiated and no citations were issued.

Compliant CCR #2015005658 had two allegations. These allegations were not substantiated and no citations were issued.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 3, 2015

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

RE: CCR #2015005658 & CCR #2015008075

Dear Administrator:

This letter reports the findings of a complaint survey completed on September 1, 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,

David Day for:
Jon Seehawer, R.N.
Field Office Manager

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Enclosure: State Form

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