



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

August 13, 2015

Administrator
Harborage Of Villages Crossing
13517 NE 86th Court
Lady Lake, FL 32159

RE: CCR #2015004193

Dear Administrator:

This letter reports the findings of a complaint survey completed on July 23, 2015 by a representative of this office.

Enclosed 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 (386) 462-6201.

Sincerely,

Kriste J. Mennella
Field Office Manager

KJM/amaw
Enclosure

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**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/13/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968586	(X3) DATE SURVEY COMPLETED 07/23/2015
NAME OF PROVIDER OR SUPPLIER HARBORCHASE OF VILLAGES CROSSING	STREET ADDRESS, CITY, STATE, ZIP CODE 13517 NE 86TH CT LADY LAKE, FL 32159	

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

0000 Initial Comments

An unannounced complaint survey #2015004193 was conducted on 07/23/2015 at Harborchase of Villages Crossing Assisted Living Facility in Lady Lake. No deficient practice was identified at the time of the survey.