STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953368	10/20/2015
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 Biennial survey was conducted / / through at Harborchase North Collier, an assisted living facility in Naples, Florida.

The following is description of the deficiency found at the time of the visit.

Z816 Background Screening-Compliance Attestation

Based on record review and interview, the facility failed to ensure Employee D had the required level 2 background screening for one of four records reviewed.

The finding included:

Record review revealed the last background screening for Employee D, a certified nursing assistant who provides assistance to residents, was completed on .

During an interview with the Executive Director on / at 9:00 a.m., she acknowledged the employee had not had the required background screening.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

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

Dear Administrator:

This letter reports the findings of a state licensure survey that was completed on , 2015 by representatives of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiency that was identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct this deficiency within thirty days of the date of this letter unless the Agency has approved another timeframe. **Please attach a summary of your corrective action for the deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiency. Submit summary and documents to the Field Office no later than , 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiency identified on your survey, which may include a desk review or onsite revisit.

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 surveyors. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Jon Seehawer, R.N.
Field Office Manager

sh
Enclosure: State Form

XG90

Fort Myers Field Office
2295 Victoria Avenue,
Fort Myers, FL 33901
Phone:(239) 335-1315; Fax:(239) 338-2372
AHCA.MyFlorida.com