



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

November 3, 2015

Administrator
Harborchase Of Sarasota
5311 Proctor Rd
Sarasota, FL 34233

RE: AMENDED

Dear Administrator:

Please find the AMENDED State (5000) Form reflecting recommendation for Limited Mental Health with the Standard Licensure and Extended Congregate Care.

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 call this office at (239) 335-1315.

Sincerely,


Jon Seehawer, R.N.
Field Office Manager

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Enclosure: Amended State (5000) Form

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AGENCY FOR HEALTH CARE
ADMINISTRATION

AMENDED
November 3, 2015

PRINTED: 11/03/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968928	(X3) DATE SURVEY COMPLETED 10/29/2015
NAME OF PROVIDER OR SUPPLIER HARBORCHASE OF SARASOTA	STREET ADDRESS, CITY, STATE, ZIP CODE 5311 PROCTOR RD SARASOTA, FL 34233	

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

0000 Initial Comments

An initial Licensure survey was conducted on 10/29/15 at HarborChase of Sarasota, an assisted living facility in Sarasota, Florida.

No deficiencies were found at the time of the visit.

The facility is recommended for a Standard License with Limited Mental Health and Extended Congregate Care Provisional for a capacity of 108 Residents.