



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 15, 2015

Administrator
Harborchase Of Gainesville
1415 Fort Clarke Blvd
Gainesville, FL 32606

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on November 25, 2015 by a representative of this office. Enclosed is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

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 (386) 462-6201.

Sincerely,

Charles Bow for
Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure

1GGN



**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 12/15/2015
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965444	(X3) DATE SURVEY COMPLETED 11/25/2015
NAME OF PROVIDER OR SUPPLIER HARBORCHASE OF GAINESVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 1415 FORT CLARKE BLVD GAINESVILLE, FL 32606	

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

0000 Initial Comments

On 11/25/15 a Biennial and Extended Congregate Care Survey was conducted at Harborchase of Gainesville on 11/25/15. There were no deficiencies identified at the time of the survey.