

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/23/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911215	(X3) DATE SURVEY COMPLETED 12/18/2015
NAME OF PROVIDER OR SUPPLIER HARBOUR TERRACE	STREET ADDRESS, CITY, STATE, ZIP CODE 23013 WESTCHESTER BLVD PORT CHARLOTTE, FL 33980	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		

0000 Initial Comments

An unannounced Complaint Survey, CCR #2015012094 completed on 12/18/15 at Harbour Terrace, an Assisted Living Facility in Port Charlotte, Florida.

The complaint contained 1 allegation, which was unsubstantiated.

No deficiencies were found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 23, 2015

Administrator
Harbour Terrace
23013 Westchester Blvd
Port Charlotte, FL 33980

RE: CCR #2015012094

Dear Administrator:

This letter reports the findings of a complaint survey completed on December 18, 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,

Jon Seehawer, R.N.
Field Office Manager

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Enclosure: State Form

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