

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/09/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965356	(X3) DATE SURVEY COMPLETED 02/01/2016
NAME OF PROVIDER OR SUPPLIER HARBORCHASE OF TALLAHASSEE	STREET ADDRESS, CITY, STATE, ZIP CODE 100 JOHN KNOX ROAD TALLAHASSEE, FL 32303	

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

0000 Initial Comments

ECC/monitoring

On February 1, 2016 an unannounced ECC monitoring in conjunction with a complaint survey (CCR 2015012541) was conducted at Harbor Chase Assisted Living Facility in Tallahassee, FL. No deficiencies were identified at the time of the survey was conducted.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

February 9, 2016

Administrator
Harborchase Of Tallahassee
100 John Knox Road
Tallahassee, FL 32303

RE: ECC Monitoring & Complaint # 2015012541

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on February 1, 2016 by a representative of this office. Attached 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 me at 850-412-4540.

Sincerely,

For 
Donah Heiberg
Field Office Manager

Dh/dh
Enclosure

1GGN

