

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965157	(X3) DATE SURVEY COMPLETED 03/23/2016
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NAME OF PROVIDER OR SUPPLIER HARBORCHASE OF CORAL SPRINGS	STREET ADDRESS, CITY, STATE, ZIP CODE 2975 NW 99TH AVENUE CORAL SPRINGS, FL 33065
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

An unannounced licensure complaint survey, CCR# 2015013305 , was conducted on 3/23/16 at Harborchase of Coral Springs. The facility had no deficiencies at the time of the investigation.



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

April 6, 2016

Administrator
Harborage Of Coral Springs
2975 Nw 99th Avenue
Coral Springs, FL 33065

RE: CCR #2015013305

Dear Administrator:

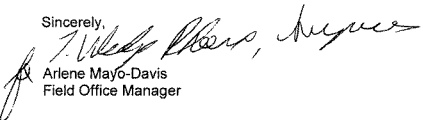
This letter reports the findings of a complaint survey completed on March 23, 2016 by a representative of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey.

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.shtm> 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 representative. Should you have any questions, please contact this office at (561) 381-5840.

Sincerely,


Arlene Mayo-Davis
Field Office Manager

AMD/ch
Enclosure

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