STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910518	04/13/2016
NAME OF PROVIDER OR SUPPLIER **HARBOR VIEW ACRES, INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **24450 HARBORVIEW ROAD** **PORT CHARLOTTE, FL 33980**	

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

0000 Initial Comments

An unannounced Biennial survey was conducted at Harborview Acres, an Assisted Living Facility located in Port Charlotte, Florida on 4/13/16.

No deficiencies were noted during this survey.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 19, 2016

Administrator
Harbor View Acres, Inc.
24450 Harborview Road
Port Charlotte, FL 33980

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on April 13, 2016 by representative(s) 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(s). 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: State Form

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