

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 05/19/2016
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965462	(X3) DATE SURVEY COMPLETED 05/13/2016
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NAME OF PROVIDER OR SUPPLIER HARBORCHASE OF TAMARAC	STREET ADDRESS, CITY, STATE, ZIP CODE 6855 NW 70TH AVENUE TAMARAC, FL 33321
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**SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)**

0000 Initial Comments

An unannounced Extended Congregated Care (ECC) monitoring survey was conducted on 05/13/2016 at Harborchase of Tamarac Assisted Living Facility. The facility had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

May 19, 2016

Administrator
Harborchase Of Tamarac
6855 Nw 70th Avenue
Tamarac, FL 33321

Dear Administrator:

This letter reports findings of a state licensure ECC Monitoring survey that was conducted on May 13, 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,


Arlene Mayo-Davis
Field Office Manager

AMD/fjw

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Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone: (561) 381-5840; Fax: (561) 496-5924
AHCA.MyFlorida.com



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