

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965157	(X3) DATE SURVEY COMPLETED 04/25/2016
NAME OF PROVIDER OR SUPPLIER HARBORCHASE OF CORAL SPRINGS	STREET ADDRESS, CITY, STATE, ZIP CODE 2975 NW 99TH AVENUE CORAL SPRINGS, FL 33065	

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

0000	Initial Comments
A Complaint (CCR #2016001095) Survey was conducted on April 25, 2016. HarborChase of Coral Springs (license #9503) had no deficiencies identified at time of the survey.	



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 13, 2016

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

RE: CCR #2016001095

Dear Administrator:

This letter reports the findings of a Complaint Survey completed on April 25, 2016 by a representative from 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.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 contact this office at (561) 381-5840.

Sincerely,

J. Wedger-Pharm, Dugess
for Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

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