

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 08/16/2016  
FORM APPROVED

|                                                                     |                                                                                                 |                                                                     |
|---------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                           | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11953368</b>                     | (X3) DATE SURVEY COMPLETED<br><br><b>R</b><br><br><b>08/09/2016</b> |
| NAME OF PROVIDER OR SUPPLIER<br><b>HARBORCHASE OF NORTH COLLIER</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>101 CYPRESS WAY EAST</b><br><b>NAPLES, FL 34110</b> |                                                                     |

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

**0000 Initial Comments**

An unannounced revisit survey was conducted on 8/9/16 at Harborchase of North Collier, an Assisted Living Facility, (license #8546), in Naples, Florida. This was a follow-up to the Extended Congregate Care survey completed on 5/4/16.

The previous deficiency was found corrected and no new deficiencies related to Extended Congregate Care were identified.

|                                                                  |                                                                                   |                             |
|------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------|
| PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER<br>AL11953368 | MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                   | DATE OF REVISIT<br>8/9/2016 |
| NAME OF FACILITY<br>HARBORCHASE OF NORTH COLLIER                 | STREET ADDRESS, CITY, STATE, ZIP CODE<br>101 CYPRESS WAY EAST<br>NAPLES, FL 34110 |                             |

| ITEM<br>Y4                      |                    | DATE<br>Y5                                                                                                         | ITEM<br>Y4                | DATE<br>Y5 | ITEM<br>Y4 | DATE<br>Y5 |
|---------------------------------|--------------------|--------------------------------------------------------------------------------------------------------------------|---------------------------|------------|------------|------------|
| ID Prefix                       | AZ814              | Correction                                                                                                         | ID Prefix                 | Correction | ID Prefix  | Correction |
| Reg. #                          | 435.12(2)(b-d), FS | Completed                                                                                                          | Reg. #                    | Completed  | Reg. #     | Completed  |
| LSC                             |                    | 08/09/2016                                                                                                         | LSC                       |            | LSC        |            |
| ID Prefix                       |                    | Correction                                                                                                         | ID Prefix                 | Correction | ID Prefix  | Correction |
| Reg. #                          |                    | Completed                                                                                                          | Reg. #                    | Completed  | Reg. #     | Completed  |
| LSC                             |                    |                                                                                                                    | LSC                       |            | LSC        |            |
| ID Prefix                       |                    | Correction                                                                                                         | ID Prefix                 | Correction | ID Prefix  | Correction |
| Reg. #                          |                    | Completed                                                                                                          | Reg. #                    | Completed  | Reg. #     | Completed  |
| LSC                             |                    |                                                                                                                    | LSC                       |            | LSC        |            |
| ID Prefix                       |                    | Correction                                                                                                         | ID Prefix                 | Correction | ID Prefix  | Correction |
| Reg. #                          |                    | Completed                                                                                                          | Reg. #                    | Completed  | Reg. #     | Completed  |
| LSC                             |                    |                                                                                                                    | LSC                       |            | LSC        |            |
| ID Prefix                       |                    | Correction                                                                                                         | ID Prefix                 | Correction | ID Prefix  | Correction |
| Reg. #                          |                    | Completed                                                                                                          | Reg. #                    | Completed  | Reg. #     | Completed  |
| LSC                             |                    |                                                                                                                    | LSC                       |            | LSC        |            |
| REVIEWED BY<br>STATE AGENCY     |                    | <input checked="" type="checkbox"/>                                                                                | REVIEWED BY<br>(INITIALS) |            | DATE       |            |
| REVIEWED BY<br>CMS RO           |                    | <input type="checkbox"/>                                                                                           | REVIEWED BY<br>(INITIALS) |            | DATE       |            |
| FOLLOWUP TO SURVEY COMPLETED ON |                    | CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? |                           |            |            |            |
| 5/4/2016                        |                    | <input type="checkbox"/> YES <input type="checkbox"/> NO                                                           |                           |            |            |            |



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

August 16, 2016

Administrator  
Harborchase Of North Collier  
101 Cypress Way East  
Naples, FL 34110

Dear Administrator:

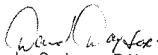
This letter reports the findings of a state monitoring survey revisit conducted on August 9, 2016 by a representatives of this office.

Attached is the provider's copy of the State Form, which indicates the previously cited deficiency was found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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 surveyors. 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 and Revisit Report

DT9D

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