



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

December 29, 2016

Administrator
Harborage Of Villages Crossing
13517 Ne 86th Ct
Lady Lake, FL 32159

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on December 28, 2016 by representative(s) of this office. Enclosed 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 Chuck Bory at (386) 462-6201.

Sincerely,

Kriste J. Mennella
Field Office Manager

KJM/CB
Enclosure

1GGN



**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 01/03/2017
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968586	(X3) DATE SURVEY COMPLETED 12/28/2016
NAME OF PROVIDER OR SUPPLIER HARBORCHASE OF VILLAGES CROSSING	STREET ADDRESS, CITY, STATE, ZIP CODE 13517 NE 86TH CT LADY LAKE, FL 32159	

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

0000 - Initial Comments

On 12/28/2016, an Extended Congregate Care (ECC) Monitoring Survey was conducted at Harborchase of The Villages Crossing (facility license number 12467). The facility was in compliance at the time of the survey.