STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911215	**02/02/2017**
NAME OF PROVIDER OR SUPPLIER **HARBOUR TERRACE**	STREET ADDRESS, CITY, STATE, ZIP CODE **23013 WESTCHESTER BLVD** **PORT CHARLOTTE, FL 33980**	

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

0000 - Initial Comments

An unannounced Complaint survey for CCR#2017000233 was conducted on 2/2/17 at Harbour Terrace, an assisted living facility (license #5075) in Port Charlotte, Florida.

The complaint contained 1 allegation, which was unsubstantiated.

No deficiencies were identified at the time of the survey.

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

February 10, 2017

Administrator
Harbour Terrace
23013 Westchester Blvd
Port Charlotte, FL 33980

RE: CCR #2017000233

Dear Administrator:

This letter reports the findings of a complaint survey completed on February 2, 2017 by a representative of 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. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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. Should you have any questions, please contact this office at (239) 335-1315.

Sincerely,

Jon Seehawer, RN
Field Office Manager

JS:ec
Enclosure: State (5000-3547) Form

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