

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/15/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953368	(X3) DATE SURVEY COMPLETED 02/23/2017
NAME OF PROVIDER OR SUPPLIER HARBORCHASE OF NORTH COLLIER	STREET ADDRESS, CITY, STATE, ZIP CODE 101 CYPRESS WAY EAST NAPLES, FL 34110	

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

0000 - Initial Comments

An unannounced ECC (Extended Congregate Care) survey was conducted on 2/22/17 through 2/23/17 at Harbor Chase of North Collier, an assisted living facility (license #8546) in Naples, Florida.

No ECC deficiencies were found at the time of the visit.