

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/16/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953368	(X3) DATE SURVEY COMPLETED R 05/03/2017
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 revisit survey was conducted on 5/3/17 at Harborchase of North Collier, an assisted living facility (license #8546) located in Naples, Florida. This was a follow-up to the complaint survey CCR #2016013944 and CCR #2017000998 completed on 2/23/17. The previous deficiencies were found corrected and no new deficiencies were identified.		