

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 10/20/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953368	(X3) DATE SURVEY COMPLETED R 10/12/2017
NAME OF PROVIDER OR SUPPLIER HARBORCHASE OF NORTH COLIER	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 10/12/17 at Harborchase North Collier, an assisted living facility (license #8546) located in Naples, Florida.

This was a follow-up to the relicensure survey completed on 8/22/17.

The previous deficiency was found corrected and no new deficiencies were identified.