

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 11/06/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953368	(X3) DATE SURVEY COMPLETED 10/26/2017
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 complaint survey for CCR#2017012721 was conducted on 10/26/17 at Harborchase of North Collier, an assisted living facility (license #8546) in Naples, Florida. The complaint contained 1 allegation, which was substantiated without deficiency. No deficiencies were found at the time of this visit.		