

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964626	(X3) DATE SURVEY COMPLETED 09/30/2014
NAME OF PROVIDER OR SUPPLIER Harborchase Of Naples	STREET ADDRESS, CITY, STATE, ZIP CODE 7801 Airport Pulling Road N.E. Naples, FL 34109	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0025-Resident Care - Supervision-09/30/2014
0028-Resident Care - Activities Of Daily Living-09/30/2014
0030-Resident Care - Rights & Facility Procedures-09/30/2014
0055-Medication - Storage And Disposal-09/30/2014
0152-Physical Plant - Safe Living Environ/other-09/30/2014

An unannounced follow-up survey was conducted on 9/30/14 at Harborchase of Naples and Assisted Living Facility (ALF) in Naples, Florida.

All the previous deficiencies were corrected and no deficiencies were found at the time of this survey.

0025-Resident Care - Supervision 58A-5.0182(1) FAC

0028-Resident Care - Activities of Daily Living 58A-5.0182(4) FAC

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 10, 2014

Administrator
Harborage Of Naples
7801 Airport Pulling Road N.E.
Naples, FL 34109

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on September 30, 2014 by a representative of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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 call this office at (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

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Enclosure: State Form

