STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964626	**02/25/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Harborchase Of Naples	**7801 Airport Pulling Road N.E. Naples, FL 34109**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

An unannounced Limited Nursing Services survey and a concern was conducted on 2/24 and 2/25/15 at Harborchase of Naples, an assisted living facility in Naples, Florida.

No deficiencies were found at the time of this visit. The concern was unsubstantiated.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 10, 2015

Administrator
Harborchase of Naples
7801 Airport Pulling Road N.E.
Naples, Florida 34109

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on February 25, 2015 by a representative of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

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(s). Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Jon Seehawer, RN
Field Office Manager

JS:sp
Enclosure: State (3020) Form

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