

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 08/15/2016  
FORM APPROVED

|                                                              |                                                                                                     |                                                     |
|--------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                    | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11964626</b>                         | (X3) DATE SURVEY COMPLETED<br><br><b>08/09/2016</b> |
| NAME OF PROVIDER OR SUPPLIER<br><b>HARBORCHASE OF NAPLES</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>7801 AIRPORT PULLING ROAD N.E.<br/>NAPLES, FL 34109</b> |                                                     |

SUMMARY STATEMENT OF DEFICIENCIES  
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

**0000 Initial Comments**

An unannounced Limited Nursing Services survey was conducted on 8/9/16 at Harborchase of Naples, an Assisted Living Facility, (license #9172) in Naples, Florida.

No deficiencies were found at the time of the visit.



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

August 15, 2016

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

Dear Administrator:

This letter reports findings of a state monitoring survey that was conducted on August 9, 2016 by a representatives 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. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Jon Seehawer, R.N.  
Field Office Manager

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Enclosure: State Form

1GGN

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