

AGENCY FOR HEALTH CARE
ADMINISTRATION

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FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964626	(X3) DATE SURVEY COMPLETED 07/27/2017
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An unannounced Biennial and Limited Nursing Services (LNS) survey was conducted on 7/26/17 and 7/27/17 at Harborchase of Naples, an Assisted Living facility in Naples, Florida.

No deficiencies were found at the time of the visit.