STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964626	**10/26/2017**
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 complaint survey for CCR#2017012100 was conducted on 10/26/17 at Harborchase of Naples, an assisted living facility (license #9172) in Naples, Florida.

The complaint contained 3 allegations, of which 2 allegations were unsubstantiated and 1 allegation was substantiated without deficiency.

No deficiencies were found at the time of the visit.