

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/19/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964626	(X3) DATE SURVEY COMPLETED 10/23/2018
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#2018013569 and CCR#2018013659 was conducted 10/22/18 through 10/23/18 at HarborChase of Naples, an assisted living facility (license #9172) in Naples, Florida. The complaints contained 3 allegations, all of which were unsubstantiated. No deficiencies were found at the time of the visit.		