

**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 R 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 revisit survey was conducted on 10/22 through 10/23/18 at HarborChase of Naples, an assisted living facility (license # 9172) in Naples, Florida.

This was a follow-up to the limited nursing services (LNS) survey completed on 9/6/18.

The previous deficiency was found corrected and no new deficiencies were identified.