

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/19/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964626	(X3) DATE SURVEY COMPLETED 01/28/2019
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#2018016231 was conducted on 1/28/19 at HarborChase of Naples, an assisted living facility (license #9172) in Naples, Florida.

No deficiencies were found at the time of the visit.