Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11912088	A. BUILDING _____ B. WING _____	R 08/14/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BENTLEY VILLAGE	875 RETREAT DRIVE NAPLES, FL 34110

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{A 000}	Initial Comments This is the follow-up to the Biennial survey completed on 8/14/12 at Bentley Village, an Assisted Living Facility with a census of 83 residents. All previous citations were corrected. No deficient practice was cited.	{A 000}		

AHCA Form 3020-0001

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11912088	A. Building B. Wing	8/14/2012

Name of Facility	Street Address, City, State, Zip Code
BENTLEY VILLAGE	875 RETREAT DRIVE NAPLES, FL 34110

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix A0030 Reg. # 58A-5.0182(6) FAC; 429.28 LSC	Correction Completed 07/19/2012	ID Prefix A0056 Reg. # 58A-5.0185(7) FAC LSC	Correction Completed 07/19/2012	ID Prefix A0090 Reg. # 58A-5.0191(11) FAC LSC	Correction Completed 07/19/2012
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By State Agency	Reviewed By [signature], HFES	Date: 8-21-12	Signature of Surveyor: [signature] Joyce Lievent, RNS	Date: 8-21-12
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:

Followup to Survey Completed on:	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility?
6/19/2012	YES NO

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

August 22, 2012

Administrator
Bentley Village
875 Retreat Drive
Naples, FL 34110

Dear Administrator:

This letter reports the findings of a Biennial survey revisit conducted on August 14, 2012 by a representative of this office.

Attached is the provider's copy of the Revisit Report, which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

bw
Enclosure

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Fort Myers Field Office
2295 Victoria Avenue, Room 340
Fort Myers, FL 33901
Phone (239) 335-1315; Fax (239) 338-2372

AGENCY FOR HEALTH CARE ADMINISTRATION
Licensure Only Survey Checklist
Information in the attached documents are confidential and are subject to HIPAA regulations

FACILITY NAME:	TYPE OF SURVEY: (check all that apply)
Bentley Village	ANNUAL:
TYPE OF FACILITY: ACF	BIENNIAL: ✓
LICENSE NUMBER:	follow-up COMPLAINT: (please include CCR)
ASPEN EVENT ID: OSBJ12	OTHER (please explain)
DATE OF SURVEY:	

DATE / √	ITEM
✓	COVER LETTER TO FACILITY
✓	3020 FORM
	CIF (if applicable)
	LETTER TO COMPLAINANT (if applicable)
	RECAP OF COMPLAINT (complaint summary)
	RFS (if applicable)