

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11932376	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 02/05/2013
NAME OF PROVIDER OR SUPPLIER ARISTOCRAT, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 10949 PARNU STREET NAPLES, FL 34109		
(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 a second follow up to a Biennial survey conducted on 02/04/2013 through 02/05/2013 at The Aristocrat, an Assisted Living Facility. The previously cited deficiencies were cleared.	{A 000}			

AHCA Form 3020-0001

TITLE

(X6) DATE

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

STATE FORM

0899

VH2V13

If continuation sheet 1 of 1

2/25/2013

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11932376	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 2/5/2013
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Name of Facility

ARISTOCRAT, THE

Street Address, City, State, Zip Code

10949 PARNU STREET
NAPLES, FL 34109

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	Correction Completed 02/05/2012	ID Prefix A0162	Correction Completed 02/05/2012	ID Prefix	Correction Completed
Reg. # 58A-5.0182(6) FAC: 429.28 LSC		Reg. # 58A-5.024(3) FAC LSC		Reg. # LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. # LSC		Reg. # LSC		Reg. # LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. # LSC		Reg. # LSC		Reg. # LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. # LSC		Reg. # LSC		Reg. # LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. # LSC		Reg. # LSC		Reg. # LSC	

Reviewed By

Reviewed By

Date:

Signature of Surveyor

Date:

State Agency

State Agency

Date:

Signature of Surveyor

Date:

Reviewed By

Reviewed By

Date:

Signature of Surveyor

Date:

CMS RO

Followup to Survey Completed on:

8/8/2012

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility?

YES NO

RICK SCOTT
GOVERNOR



ELIZABETH DUDEK
SECRETARY

March 4, 2013

Administrator
Aristocrat, The
10949 Parnu Street
Naples, Florida 34109

Dear Administrator:

This letter reports the findings of a state licensure survey second revisit conducted on February 5, 2013 by representatives 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(s). Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

HW:ss

Enclosures: State Form and Revisit Report

