STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964817	10/09/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Arden Courts Manorcare Health	6125 Rattlesnake Hammock Road Naples, FL 34113	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0057-Medication - Over The Counter (otc) Products-10/09/2013
0078-Staffing Standards - Staff-10/09/2013
0085-Training - Nutrition & Food Service-10/09/2013

A follow-up to the Biennial and Limited Nursing Service (LNS) survey conducted on 9/11/13 through 9/12/13 at Arden Court-Lely an Assisted Living Facility was completed by desk review on 10/9/13. All citations were cleared by this desk review.

0057-Medication - Over The Counter (OTC) Products 58A-5.0185(8) FAC

0078-Staffing Standards - Staff 58A-5.019(2) FAC

0085-Training - Nutrition & Food Service 58A-5.0191(6) FAC

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 9, 2013

Administrator
Arden Courts Manorcare Health
6125 Rattlesnake Hammock Road
Naples, FL 34113

Dear Administrator:

This letter reports the findings of a Limited Nursing Service (LNS) survey revisit conducted by desk review on October 9, 2013 by a representative of this office.

Attached is the provider's copy of the State Form (5000-3547), 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

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Enclosure: State Form

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

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