STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965374	**10/09/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Juniper Village At Naples	**1155 Encore Way Naples, FL 34110**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0030-Resident Care - Rights & Facility Procedures-10/08/2013
0052-Medication - Assistance With Self-Admin-10/08/2013
0054-Medication - Records-10/08/2013
0056-Medication - Labeling And Orders-10/08/2013
0162-Records - Resident-10/08/2013

An unannounced follow-up to Complaint Survey, CCR# 2013007584 was conducted on 10/8/13 through 10/9/13 at Jupiter Village an Assisted Living Facility (ALF) in Naples, FL; having a census of 66 residents, with 8 residents receiving Limited Nursing Service (LNS).

All previous citations have been substantially improved or corrected.

No deficiencies were cited relevant to the survey during this visit.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC

0054-Medication - Records 58A-5.0185(5) FAC

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC

0162-Records - Resident 58A-5.024(3) FAC

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 21, 2013

Administrator
Juniper Village At Naples
1155 Encore Way
Naples, FL 34110

RE: CCR 2013007584

Dear Administrator:

This letter reports the findings of a Complaint survey revisit conducted 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

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Tallahassee, FL 32308
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