

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 10/22/2013
FORM APPROVED

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

An unannounced complaint survey, CCR #2013010443, was conducted 10/8/13 through 10/9/13 at Jupiter Village, an Assisted Living Facility (ALF) in Naples, FL. The facility has a census of 66 residents, with 8 residents receiving Limited Nursing Service (LNS).

No deficiencies were cited as a result of this visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 22, 2013

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

Re: CCR #2013010443

Dear Administrator:

This letter reports the findings of a complaint survey completed on October 9, 2013 by a representative of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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 contact this office at (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

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Enclosure: State Form

