STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965718	**05/21/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Terracina Grand	**6825 Davis Blvd Naples, FL 34104**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0010-Admissions - Continued Residency-05/21/2014
0025-Resident Care - Supervision-05/21/2014
0030-Resident Care - Rights & Facility Procedures-05/21/2014
0165-Risk Mgmt & Qa; Adverse Incident Report-05/21/2014

An unannounced follow-up to Complaint Survey, CCR# 2014002705 was conducted on 5/21/14 at Terracina Grand an Assisted Living Facility (ALF) in Naples, FL.

All previous citations have been substantially improved or corrected.

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

0010-Admissions - Continued Residency 58A-5.0181(4) FAC

0025-Resident Care - Supervision 58A-5.0182(1) FAC

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

0165-Risk Mgmt & QA; Adverse Incident Report 429.23 FS; 58A-5.0241 FAC

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 2, 2014

Administrator
Terracina Grand
6825 Davis Blvd
Naples, FL 34104

Dear Administrator:

This letter reports the findings of a complaint survey revisit conducted on May 21, 2014 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
http://ahca.myflorida.com

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Fort Myers, FL 33901
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