STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964677	**07/10/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Orchid Terrace	**111 Moorings Park Drive Naples, FL 34105**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0030-Resident Care - Rights & Facility Procedures-07/10/2014
0031-Resident Care - Third Party Services-07/10/2014
0152-Physical Plant - Safe Living Environ/other-07/10/2014

An unannounced follow-up to the Extended Congregate Care (ECC) Survey was conducted on 7/10/14 at Orchid Terrace, an Assisted Living Facility in Naples FL.

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

0031-Resident Care - Third Party Services 58A-5.0182(7) FAC

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 18, 2014

Administrator
Orchid Terrace
111 Moorings Park Drive
Naples, FL 34105

Dear Administrator:

This letter reports the findings of an Extended Congregate Care survey revisit conducted on July 10, 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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