STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932376	**08/13/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Aristocrat, The	**10949 Parnu Street Naples, FL 34109**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0029-Resident Care - Nursing Services-08/08/2014
0077-Staffing Standards - Administrators-08/08/2014
0092-Food Service - General Responsibilities-08/08/2014

An unannounced follow-up to the Biennial and Extended Congregate Care (ECC) survey was conducted on 8/13/14 at The Aristocrat, an Assisted Living Facility in Naples.

All previous citations have been substantially improved or corrected.

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

0029-Resident Care - Nursing Services 58A-5.0182(5) FAC

0077-Staffing Standards - Administrators 58A-5.019(1) FAC

0092-Food Service - General Responsibilities 58A-5.020(1) FAC

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 20, 2014

Administrator
Aristocrat, The
10949 Parnu Street
Naples, FL 34109

Dear Administrator:

This letter reports the findings of a Biennial and Extended Congregate Care (ECC) survey revisit conducted on August 13, 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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