

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

An unannounced Extended Congregate Care survey was conducted on 10/7/14 at Orchid Terrace, an Assisted Living Facility (ALF) in Naples, Florida.

No deficiencies were noted and no citations were issued.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 13, 2014

Administrator
Orchid Terrace
111 Moorings Park Drive
Naples, FL 34105

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on October 7, 2014 by representatives of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

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 surveyors. 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

