| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11965374 | 11/18/2014 |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| **Juniper Village At Naples** | **1155 Encore Way Naples, FL 34110** | |
| SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) | | |

**Revisit Corrected Tags:**
0031-Resident Care - Third Party Services-11/18/2014
0052-Medication - Assistance With Self-Admin-11/18/2014
0056-Medication - Labeling And Orders-11/03/2014
0093-Food Service - Dietary Standards-11/03/2014
N277-Lns - Resident Care Standards-11/03/2014

The second follow-up to the Biennial survey for Jupiter Village of Naples, an Assisted Living Facility located in Naples, Florida was conducted on 11/18/14. The first follow-up was conducted on 8/20/14.

The following citations were corrected during this 2nd follow-up: A0031, A0052, A0056, A0093, and N277.

The facility complies with the state regulations associated with Assisted Living Facilities.

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

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC

0093-Food Service - Dietary Standards 58A-5.020(2) FAC

N277-LNS - Resident Care Standards 58A-5.031(2) FAC

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 24, 2014

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

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on November 18, 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 surveyors. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Jon Seehawer, R.N.
Acting Field Office Manager

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Enclosure: State Form

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