

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965374	(X3) DATE SURVEY COMPLETED 11/03/2014
NAME OF PROVIDER OR SUPPLIER Juniper Village At Naples	STREET ADDRESS, CITY, STATE, ZIP CODE 1155 Encore Way Naples, FL 34110	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

An unannounced Complaint, CCR# 2014009120 survey was conducted on 11/3/14 at Jupiter Village, an Assisted Living Facility (ALF) in Naples, Florida.

There were no deficiencies cited as result of this visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 21 2014

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

RE: CCR #2014009120

Dear Administrator:

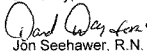
This letter reports the findings of a complaint survey completed on November 3, 2014 by a representative of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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 contact this office at (239) 335-1315.

Sincerely,



Jon Seehawer, R.N.

Acting Field Office Manager

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Enclosure: State Form

