

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965121	(X3) DATE SURVEY COMPLETED 11/12/2014
NAME OF PROVIDER OR SUPPLIER Homewood Residence At Naples	STREET ADDRESS, CITY, STATE, ZIP CODE 770 Goodlette Road, North Naples, FL 34102	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0093-Food Service - Dietary Standards-11/12/2014

An unannounced follow-up to Complaint Survey, CCR# 2014007057 was conducted on 11/12/14 at Homewood Residences.

All previous deficiencies have been corrected during this follow-up.

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 21, 2014

Administrator
Homewood Residence At Naples
770 Goodlette Road, North
Naples, FL 34102

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on November 12, 2014 by 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,

Jon Seehawer, R.N.
Acting Field Office Manager

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Enclosure: State Form

