

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965039	(X3) DATE SURVEY COMPLETED 01/14/2015
NAME OF PROVIDER OR SUPPLIER Cove At The Marbella, The	STREET ADDRESS, CITY, STATE, ZIP CODE 7425 Pelican Bay Blvd. Naples, FL 34108	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0000 - - Initial Comments

Specific Tag Findings:

An unannounced Extended Congregate Care (ECC) Survey was conducted on 01/14/2015 at The Cove of Marbella, and Assisted Living facility in Naples, Florida

There were no deficiencies cited during this survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 28, 2015

Administrator
Cove At The Marbella, The
7425 Pelican Bay Blvd.
Naples, FL 34108

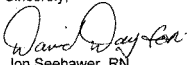
Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on January 14, 2015 by a representative 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 surveyor. Should you have any questions please call this office at (239) 335-1315.

Sincerely,


Jon Seehawer, RN
Acting Field Office Manager

JS:ec
Enclosure: State Form

