STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965374	**03/02/2015**
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)		

List of Tags Cited:
St - A - 0000 - - Initial Comments

Specific Tag Findings:
An unannounced Complaint Survey CCR#2014012385 and CCR#2015000906 were conducted on 3/4/15 at Juniper Village of Naples, an Assisted Living Facility located in Naples, Florida.

Complaint survey CCR#2014012385 had an allegation concerning resident rights.

Complaint survey CCR#2015000906 had two allegations concerning resident rights and quality of care/treatment.

These allegations were no substantiated and the facility received no citations as a result of this survey.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 6, 2015

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

RE: CCR #20140128385 & 2015000906

Dear Administrator:

This letter reports the findings of a complaint survey completed on March 2, 2015 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, RN
Field Office Manager

JS:ec
Enclosure: State Form

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