

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964677	(X3) DATE SURVEY COMPLETED 03/05/2015
NAME OF PROVIDER OR SUPPLIER Orchid Terrace	STREET ADDRESS, CITY, STATE, ZIP CODE 111 Moorings Park Drive Naples, FL 34105	
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 survey was conducted on 3/5/15 at Orchid Terrace, an Assisted Living Facility in Naples, FL.

No deficiencies were found at the time of visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 9, 2015

Administrator
Orchid Terrace
111 Moorings Park Drive
Naples, FL 34105

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on March 5, 2015 by 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
Field Office Manager

JS:ec

Enclosure: State Form

