

AGENCY FOR HEALTH CARE  
ADMINISTRATION

PRINTED: 04/27/2015  
FORM APPROVED

|                                                                     |                                                                                      |                                                     |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                           | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11968817</b>            | (X3) DATE SURVEY COMPLETED<br><br><b>04/25/2015</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>VILLA AT TERRACINA GRAND</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>6855 DAVIS BLVD<br/>NAPLES, FL 34104</b> |                                                     |

SUMMARY STATEMENT OF DEFICIENCIES  
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

**0000 - Initial Comments**

An initial licensure survey was begun on 4/21/15 and was completed by review of submitted materials on 4/25/15 for Villa at Terracina Grand, an Assisted Living Facility (ALF) in Naples, Florida.

Villa at Terracina Grand is recommended for a Standard License with Extended Congregate Care Services specialty. The recommended capacity is for 60 residents, effective 4/25/15.



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

April 27, 2015

Administrator  
Villa At Terracina Grand  
6855 Davis Blvd  
Naples, FL 34104

Dear Administrator:

This letter reports the findings of an initial Licensure survey conducted on April 25, 2015 by representatives 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. **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 surveyors. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

  
Jon Seehawer, R.N.  
Field Office Manager

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Enclosure: State Form

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