STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911741	**12/08/2015**
NAME OF PROVIDER OR SUPPLIER **ARBOR GLEN ARBOR TRACE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1000 ARBOR LAKE DRIVE** **NAPLES, FL 34110**	

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

0000 Initial Comments

An unannounced Relicensure, Extended Congregate Care and Limited Nursing Services survey was conducted from 12/7/15 through 12/8/15 at Arbor Glen, an Assisted Living Facility in Naples, Florida.

No deficiencies were found at the time of the visit.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 15, 2015

Administrator
Arbor Glen Arbor Trace
1000 Arbor Lake Drive
Naples, FL 34110

Dear Administrator:

This letter reports findings of a state licensure survey that was completed on December 8, 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.

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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Fort Myers Field Office
2295 Victoria Avenue, Room 340
Fort Myers, FL 33901
Phone:(239) 335-1315; Fax:(239) 338-2372
AHCA.MyFlorida.com