AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968979	**05/03/2016**
NAME OF PROVIDER OR SUPPLIER **BEACH HOUSE NAPLES ASSISTED LIVING & MEMORY**	STREET ADDRESS, CITY, STATE, ZIP CODE **1000 AIRPORT PULLING RD S** **NAPLES, FL 34104**	

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

0000 Initial Comments

An announced initial licensure survey was conducted from 4/26/16 to 5/3/16 for Beach House Naples Assisted Living and Memory Care, an Assisted Living Facility in Naples, Florida.

No deficiencies were identified by the end of this survey. The facility is recommended for a Standard license with extended congregate care for 140 beds effective 5/3/16.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 4, 2016

Administrator
Beach House Naples Assisted Living & Memory Care
1000 Airport Pulling Rd S
Naples, FL 34104

Dear Administrator:

This letter reports the findings of an initial Licensure survey completed on May 3, 2016 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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Fort Myers Field Office
2295 Victoria Avenue, Room 340
Fort Myers, FL 33901
Phone:(239) 335-1315; Fax:(239) 338-2372
AHCA.MyFlorida.com