STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965027	**07/07/2016**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE NORTH NAPLES**	STREET ADDRESS, CITY, STATE, ZIP CODE **1710 S.W. HEALTH PARKWAY** **NAPLES, FL 34109**	

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

0000 Initial Comments

Two unannounced complaint surveys for CCR #2016007071 and #2016006892 were conducted 7/5/16 through 7/6/16 at Brookdale North Naples, an Assisted Living Facility, (license #9471) in Naples, Florida.

The complaint for CCR #2016007071 contained 1 allegation and CCR #2016006892 contained 2 allegations, of which all 3 were unsubstantiated.

No deficiencies were found at the time of the visit.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 14, 2016

Administrator
Brookdale North Naples
1710 S.W. Health Parkway
Naples, FL 34109

RE: CCR #2016006892 & 2016007071

Dear Administrator:

This letter reports the findings of a complaint survey completed on July 7, 2016 by representative(s) 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(s). Should you have any questions, please contact 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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