

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/25/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965039	(X3) DATE SURVEY COMPLETED 01/18/2017
NAME OF PROVIDER OR SUPPLIER COVE AT THE MARBELLA, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 7425 PELICAN BAY BLVD. NAPLES, FL 34108	

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

0000 - Initial Comments

An unannounced extended congregate care monitoring survey was conducted on 1/18/17 at The Cove at the Marbella an assisted living facility (license #9477) in Naples, Florida.

There were no deficiencies found at the time of the survey.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

January 25, 2017

Administrator
Cove At The Marbella, The
7425 Pelican Bay Blvd.
Naples, FL 34108

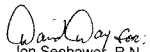
Dear Administrator:

This letter reports findings of a state monitoring survey that was conducted on January 18, 2017 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 Seehawel, 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



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