STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965121	R **01/18/2017**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE NAPLES**	STREET ADDRESS, CITY, STATE, ZIP CODE **770 GOODLETTE ROAD, NORTH** **NAPLES, FL 34102**	

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

0000 - Initial Comments

An unannounced revisit survey was completed on 1/18/17 at Brookdale of Naples, assisted living facility (license #9584) in Naples, Florida. This was a follow-up to the complaint survey, CCR #2016010401 completed on 12/5/16.

The previous deficiency was found corrected and no new deficiencies were identified

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

January 23, 2017

Administrator
Brookdale Naples
770 Goodlette Road, North
Naples, FL 34102

Dear Administrator:

This letter reports the findings of a state licensure survey revisit completed on January 18, 2017 by representatives of this office.

The previously cited deficiency was found corrected on the day of the revisit. **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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