STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965027	**01/18/2017**
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

An unannounced relicensure survey was conducted 1/17/17 through 1/18/17 at Brookdale North Naples, an assisted living facility (license # 9471) in Naples, Florida.

No deficiencies were found at the time of the visit.

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

February 3, 2017

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

Amended

Dear Administrator:

This letter reports findings of a state relicensure survey that was conducted on January 18, 2017 by a representative 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 surveyor. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Jon Seehawer, RN
Field Office Manager

JS/arb
Enclosure: State (5000-3547) form

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