

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/03/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964677	(X3) DATE SURVEY COMPLETED 02/23/2017
NAME OF PROVIDER OR SUPPLIER ORCHID TERRACE	STREET ADDRESS, CITY, STATE, ZIP CODE 111 MOORINGS PARK DRIVE NAPLES, FL 34105	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced Extended Congregate Care survey was conducted 2/23/17 at Orchid Terrace, an Assisted Living Facility (license # 9199) in Naples, Florida. No deficiencies were found at the time of the visit.		