STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932376	R **03/03/2017**
NAME OF PROVIDER OR SUPPLIER **SOLARIS SENIOR LIVING NORTH NAPLES**	STREET ADDRESS, CITY, STATE, ZIP CODE **10949 PARNU STREET** **NAPLES, FL 34109**	

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

0000 - Initial Comments

A follow-up by desk review was conducted on 3/3/17 for Solaris Senior Living North Naples an assisted living facility (license #8042) in Naples, Florida. The follow-up was in response to the extended congregate care monitoring survey which was conducted on 1/18/17.

Based on the facility's supporting documentation, the deficiencies were corrected as of 1/31/17.