| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11965121** | R<br>**02/28/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**BROOKDALE NAPLES** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**770 GOODLETTE ROAD, NORTH**<br>**NAPLES, FL 34102** | |

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

**0000 - Initial Comments**

An unannounced revisit survey was conducted on 2/28/17 at Brookdale Naples (license # 9589) an Assisted Living Facility in Naples, Florida. This is the follow up to a relicensure survey completed on 1/18/17.

The previous deficiencies were found to be corrected and no deficiencies were found at time of visit.