STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965039	**09/21/2017**
NAME OF PROVIDER OR SUPPLIER **COVE AT THE MARBELLA, THE**	STREET ADDRESS, CITY, STATE, ZIP CODE **7425 PELICAN BAY BLVD.** **NAPLES, FL 34108**	

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

0000 - Initial Comments

An unannounced extended congregate care monitor survey was conducted on 9/21/17 at Cove at Marbella, an assisted living facility (license #9477) in Naples, Florida.

No deficiencies were found at the time of the visit.