

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/11/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964677	(X3) DATE SURVEY COMPLETED 10/04/2017
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 complaint survey for CCR#2017010626 was conducted on 10/4/17 at Orchid Terrace, an assisted living facility (license #9199) located in Naples, Florida.

The complaint contained 2 allegations, of which 2 were unsubstantiated .

No deficiencies were found at the time of the visit.