STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911741	**10/16/2017**
NAME OF PROVIDER OR SUPPLIER **ARBOR GLEN ARBOR TRACE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1000 ARBOR LAKE DRIVE** **NAPLES, FL 34110**	

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

0000 - Initial Comments

An unannounced abbreviated biennial, extended congregate care, and limited nursing services survey was conducted on 10/16/17 at Arbor Glen Arbor Trace (license #7793) an assisted living facility in Naples, Florida.

No deficiencies were found at the time of the visit.