STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964677	**11/17/2017**
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

A post-hurricane reoccupation monitoring visit was conducted 11/17/17 at Orchid Terrace, an assisted living facility (license # 9199) in Naples, Florida.

The facility appeared safe for reoccupation.