STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964817	**11/20/2017**
NAME OF PROVIDER OR SUPPLIER **ARDEN COURTS MANORCARE HEALTH**	STREET ADDRESS, CITY, STATE, ZIP CODE **6125 RATTLESNAKE HAMMOCK ROAD** **NAPLES, FL 34113**	

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

0000 - Initial Comments

An unannounced relicensure and limited nursing survey was conducted on 11/20/17 at Arden Courts Manorcare Health, an assisted living facility (license #9326) in Naples, Florida.

No deficiencies were found at the time of the visit.