STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964677	**12/28/2017**
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 relicensure and Extended Congregate Care survey was conducted on 12/28/17 at Orchid Terrace, an assisted living facility (license #9199) in Naples, Florida.

No deficiencies were found at the time of the visit.