STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969312	**01/25/2018**
NAME OF PROVIDER OR SUPPLIER **GOLDEN RETREAT OF NAPLES INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3670 58TH AVE NE** **NAPLES, FL 34120**	

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

0000 - Initial Comments

An announced initial licensure survey was conducted on 1/25/18 at Golden Retreat Of Naples Inc., an assisted living facility with a Limited Mental Health (LMH) specialty license in Naples, Florida.

No deficiencies were found at the time of the visit.

Recommend the facility be licensed for a capacity of 6 with a Limited Mental Health speciality, as requested.