STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969278	**03/14/2018**
NAME OF PROVIDER OR SUPPLIER **ALL SEASONS IN NAPLES**	STREET ADDRESS, CITY, STATE, ZIP CODE **15450 TAMIAMI TRL N** **NAPLES, FL 34110**	

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

0000 - Initial Comments

An announced initial licensure survey was conducted from 3/6/18 through 3/14/18 at All Seasons, an assisted living facility, in Naples, Florida.

No deficiencies were found at the time of this survey.