

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/02/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11912088	(X3) DATE SURVEY COMPLETED 03/21/2018
NAME OF PROVIDER OR SUPPLIER BENTLEY VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 870 CLASSIC COURT NAPLES, FL 34110	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced biennial survey was conducted on 3/21/18 at Bentley Village, an assisted living facility (license #5598) in Naples, Florida. No deficiencies were found at the time of the visit.		