STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968979	R **04/13/2018**
NAME OF PROVIDER OR SUPPLIER **BEACH HOUSE NAPLES ASSISTED LIVING & MEMORY**	STREET ADDRESS, CITY, STATE, ZIP CODE **1000 AIRPORT PULLING RD S** **NAPLES, FL 34104**	

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

0000 - Initial Comments

A follow-up by desk review was conducted on 4/13/18 for Beach House Naples Assisted Living & Memory Care, an assisted living facility (License #12828) in Naples, Florida.

The follow-up was in response to the re-licensure and extended congregate care survey which was completed on 2/22/18.

Based on the facility's supporting documentation the deficiency was corrected as of 3/19/18.