

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/24/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964677	(X3) DATE SURVEY COMPLETED 04/04/2018
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 extended congregate care survey was conducted on 4/4/18 at Orchid Terrace, an assisted living facility (license #9199) in Naples, Florida. No deficiencies were found at the time of the visit.		