STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965718	**04/17/2018**
NAME OF PROVIDER OR SUPPLIER **TERRACINA GRAND**	STREET ADDRESS, CITY, STATE, ZIP CODE **6825 DAVIS BLVD** **NAPLES, FL 34104**	

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

0000 - Initial Comments

An unannounced Limited Nursing Services (LNS) survey was conducted on 4/17/18 at Terracina Grand, an Assisted Living Facilty (license #10071) in Naples, Florida.
No deficiencies were found at the time of the visit.