STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968888	**07/02/2018**
NAME OF PROVIDER OR SUPPLIER **THE ARLINGTON OF NAPLES, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **8000 ARLINGTON CIR** **NAPLES, FL 34113**	

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

0000 - Initial Comments

An unannounced complaint survey for CCR #2018005644 was conducted on 7/2/18 at the Arlington, an assisted living facility (license #12769) in Naples, Florida.

No deficiencies were found at the time of the visit.