STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968979	**07/11/2018**
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

An unannounced complaint survey for CCR#2018009100 was conducted on 7/11/18 at Beach House, an assisted living facility (license #12828) in Naples Florida.

No deficiencies were found at the time of the visit.