

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/24/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968979	(X3) DATE SURVEY COMPLETED 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 extended congregate care survey 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.		