

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/24/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965121	(X3) DATE SURVEY COMPLETED 07/10/2018
NAME OF PROVIDER OR SUPPLIER BROOKDALE NAPLES	STREET ADDRESS, CITY, STATE, ZIP CODE 770 GOODLETTE ROAD, NORTH NAPLES, FL 34102	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced complaint survey for CCR #2018007930 and CCR #2018008712 was conducted 7/10/18 at Brookdale Naples, an assisted living facility (license #9584) in Naples, Florida. The complaint for CCR #2018007930 contained 1 allegation which was unsubstantiated. The complaint for CCR #2018008712 contained 2 allegations which were unsubstantiated. No deficiencies were found at the time of the visit.		