STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964817	**08/30/2018**
NAME OF PROVIDER OR SUPPLIER **ARDEN COURTS MANORCARE HEALTH**	STREET ADDRESS, CITY, STATE, ZIP CODE **6125 RATTLESNAKE HAMMOCK ROAD** **NAPLES, FL 34113**	

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

0000 - Initial Comments

An unannounced limited nursing service monitoring survey was conducted on 8/30/18 at Arden Courts of Lely Palms, an assisted living facility (license # 9326) in Naples, Florida.

No deficiencies were found at the time of the visit.