

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/09/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968845	(X3) DATE SURVEY COMPLETED R 09/25/2018
NAME OF PROVIDER OR SUPPLIER DISCOVERY VILLAGE AT NAPLES, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 8417 SIERRA MEADOWS BLVD NAPLES, FL 34113	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced revisit survey was conducted on 9/23/18 through 9/25/18 at Discovery Village At Naples LLC., an assisted living facility (license #12700) in Naples, Florida. This was a follow-up to the complaint survey #2018007170 completed on 7/26/18. The previous deficiency was found corrected.		