

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 10/10/2018  
FORM APPROVED

|                                                                     |                                                                                      |                                                     |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                           | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11968817</b>          | (X3) DATE SURVEY COMPLETED<br><br><b>09/27/2018</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>VILLA AT TERRACINA GRAND</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>6855 DAVIS BLVD<br/>NAPLES, FL 34104</b> |                                                     |

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

**0000 - Initial Comments**

An unannounced extended congregate care survey was conducted on 9/27/18 at Villa at Terracina Grand, an assisted living facility (license #12658) in Naples, Florida.

No deficiencies were found at the time of the visit.