

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 01/04/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968845	(X3) DATE SURVEY COMPLETED R 11/20/2018
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 11/19/18 through 11/20/18 at Discovery Village at Naples LLC, an assisted living facility (license #12700) in Naples, Florida.

This was a follow-up to the complaint survey completed on 9/25/18.

The previous deficiencies were found corrected.