STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968888	**11/07/2018**
NAME OF PROVIDER OR SUPPLIER **THE ARLINGTON OF NAPLES, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **8000 ARLINGTON CIR** **NAPLES, FL 34113**	

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

0000 - Initial Comments

An unannounced complaint survey for CCR#2018014012 was conducted on 11/7/18 at The Arlington of Naples, an assisted living facility (license # 12769) in Naples, Florida.

The complaint contained 3 allegations, all of which were unsubstantiated.

No deficiencies were found at the time of the visit.