

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/04/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911741	(X3) DATE SURVEY COMPLETED 11/06/2018
NAME OF PROVIDER OR SUPPLIER ARBOR GLEN ARBOR TRACE	STREET ADDRESS, CITY, STATE, ZIP CODE 1000 ARBOR LAKE DRIVE NAPLES, FL 34110	

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

0000 - Initial Comments

An unannounced extended congregate care survey was conducted at Arbor Glen at Arbor Trace , an assisted living facility in Naples, Florida.

No deficiencies were found at the time of the visit.