

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968888	(X3) DATE SURVEY COMPLETED 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 extended congregate care and emergency power plan monitoring survey was conducted on 11/7/18 at The Arlington of Naples, an assisted living facility (license #12769) in Naples, Florida. No deficiencies were found at the time of the visit.		