

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/04/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968979	(X3) DATE SURVEY COMPLETED 12/20/2018
NAME OF PROVIDER OR SUPPLIER BEACH HOUSE NAPLES ASSISTED LIVING & MEMORY	STREET ADDRESS, CITY, STATE, ZIP CODE 1000 AIRPORT PULLING RD S NAPLES, FL 34104	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced emergency power plan monitoring visit was conducted on 12/20/18 at Beach House Naples Assisted Living and Memory Care, an assisted living facility (license #12828), in Naples, Florida. No deficiencies were identified at the time of the survey.		