STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969312	**12/20/2018**
NAME OF PROVIDER OR SUPPLIER **GOLDEN RETREAT OF NAPLES INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3670 58TH AVE NE** **NAPLES, FL 34120**	

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 Golden Retreat of Naples, an Assisted Living Facility license #13127, in Naples, Florida.

No deficiencies were identified at the time of the survey.