STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969278	**01/10/2019**
NAME OF PROVIDER OR SUPPLIER **ALL SEASONS IN NAPLES**	STREET ADDRESS, CITY, STATE, ZIP CODE **15450 TAMIAMI TRL N** **NAPLES, FL 34110**	

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

0000 - Initial Comments

An unannounced emergency power plan monitoring survey was conducted 01/10/19 at All Seasons in Naples, an assisted living facility (license #13141) in Naples, Florida.

No deficiencies were identified at the time of the visit.