STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969278	R **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 revisit survey was conducted on 01/10/19 at All Seasons in Naples, an assisted living facility (license #13141) in Naples, Florida.

This was a follow-up to the complaint survey completed on 12/11/18.

The previous deficiency was found corrected and no new deficiencies were identified.