STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968817	**01/23/2019**
NAME OF PROVIDER OR SUPPLIER **VILLA AT TERRACINA GRAND**	STREET ADDRESS, CITY, STATE, ZIP CODE **6855 DAVIS BLVD** **NAPLES, FL 34104**	

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

0000 - Initial Comments

An unannounced biennial, extended congregate care and emergency power plan monitoring survey was conducted 1/22/19 through 1/23/19 at Villa at Terracina Grand, an assisted living facility (license #12658) in Naples, Florida.

No deficiencies were found at the time of the visit.