

AGENCY FOR HEALTH CARE  
ADMINISTRATION

PRINTED: 02/05/2019  
FORM APPROVED

|                                                                         |                                                                                                     |                                                                     |
|-------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                               | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11968845</b>                         | (X3) DATE SURVEY COMPLETED<br><br><b>R</b><br><br><b>01/10/2019</b> |
| NAME OF PROVIDER OR SUPPLIER<br><b>DISCOVERY VILLAGE AT NAPLES, LLC</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>8417 SIERRA MEADOWS BLVD</b><br><b>NAPLES, FL 34113</b> |                                                                     |

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 Discovery Village At Naples LLC, an assisted living facility (license #12700) in Naples, Florida.

This was a follow-up to the re-licensure survey completed on 11/20/18.

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