STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965718	**02/12/2019**
NAME OF PROVIDER OR SUPPLIER **TERRACINA GRAND**	STREET ADDRESS, CITY, STATE, ZIP CODE **6825 DAVIS BLVD** **NAPLES, FL 34104**	

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

0000 - Initial Comments

An unannounced abbreviated biennial, limited nursing services and emergency power plan monitoring survey was conducted on 2/12/19 at Terracina Grand, an assisted living facility (license #10071) in Naples, Florida.

No deficiencies were found at the time of the visit.