

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/20/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964677	(X3) DATE SURVEY COMPLETED 02/18/2019
NAME OF PROVIDER OR SUPPLIER ORCHID TERRACE	STREET ADDRESS, CITY, STATE, ZIP CODE 111 MOORINGS PARK DRIVE NAPLES, FL 34105	

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

0000 - Initial Comments

An unannounced extended congregate care survey and emergency power plan monitoring survey was conducted on 2/18/19 at Orchid Terrace, an assisted living facility (license #9199) in Naples, Florida.

No deficiencies were found at the time of the visit.