STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965027	**04/04/2019**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE NORTH NAPLES**	STREET ADDRESS, CITY, STATE, ZIP CODE **1710 S.W. HEALTH PARKWAY** **NAPLES, FL 34109**	

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

0000 - Initial Comments

An unannounced emergency power plan monitoring survey was completed on 4/4/19 at Brookdale North Naples, an assisted living facility in Fort Myers, Florida.

No deficiencies were found at the time of the visit.