STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965374	R **04/18/2019**
NAME OF PROVIDER OR SUPPLIER **JUNIPER VILLAGE AT NAPLES**	STREET ADDRESS, CITY, STATE, ZIP CODE **1155 ENCORE WAY** **NAPLES, FL 34110**	

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

0000 - Initial Comments

A follow-up by desk review was conducted on 4/18/19 for Juniper Village at Naples, an assisted living facility in Naples, Florida. The follow-up was in response to the limited nursing services (LNS) and emergency power plan monitoring survey which was conducted on 1/8/19.

Based on the facility's supporting documentation, the deficiency was corrected as of 1/16/19.