

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 09/03/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964914	(X3) DATE SURVEY COMPLETED 08/22/2013
NAME OF PROVIDER OR SUPPLIER Carlisle Naples	STREET ADDRESS, CITY, STATE, ZIP CODE 6945 Carlisle Court Naples, FL 34109	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0055-Medication - Storage And Disposal-08/22/2013

0091-Training - Documentation & Monitoring-08/22/2013

This is the follow-up to the Biennial survey conducted on 8/22/13 at The Carlisle of Naples in Naples, FL.

All previous citations have been substantially improved or corrected.

No deficiencies were cited relevant to the survey during this visit.

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC

0091-Training - Documentation & Monitoring 58A-5.0191(12) FAC



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 3, 2013

Administrator
Carlisle Naples
6945 Carlisle Court
Naples, FL 34109

Dear Administrator:

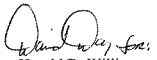
This letter reports the findings of a Biennial survey revisit conducted on August 22, 2013 by a representative of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously-cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call this office at (239) 335-1315.

Sincerely,



Harold D. Williams
Field Office Manager

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Enclosure: State Form

