

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964914	(X3) DATE SURVEY COMPLETED 07/10/2014
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:

0152-Physical Plant - Safe Living Environ/other-07/10/2014

An unannounced follow-up to an Extended Congregate Care (ECC) Survey was conducted on 7/10/14 The Carlisle an Assisted Living Facility (ALF) in Naples, Fl.

All previous citations have been substantially improved or corrected.

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

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 18, 2014

Administrator
Carlisle Naples
6945 Carlisle Court
Naples, FL 34109

Dear Administrator:

This letter reports the findings of an Extended Congregate Care (ECC) survey revisit conducted on July 10, 2014 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.shtm> 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

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