STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964914	**01/13/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Carlisle Naples	**6945 Carlisle Court Naples, FL 34109**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0031-Resident Care - Third Party Services-58a-5.0182(7) Fac
E206-Ecc - Service Plans-58a-5.030(7) Fac

Specific Tag Findings:
An unannounced Extended Congregate Care (ECC) follow-up survey was conducted on 01/13/15 at The Carlisle of Naples, an Assisted Living Facility in Naples, Florida.

The facility was found to be in substantial complaince at the time of this visit.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 23, 2015

Administrator
Carlisle Naples
6945 Carlisle Court
Naples, FL 34109

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on January 13, 2015 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,

Jon Seehawer, RN
Acting Field Office Manager

JS:ec
Enclosure: State Form

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