STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964914	R
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

An unannounced revisit survey was conducted on / at Carlisle Naples, an Assisted Living Facility (license #9408) in Naples, Florida. This was a follow-up to the Extended Congregate Care survey completed on / .

The deficiency was not corrected and that deficiency remains.

The following is a description of the deficiency.

0152 Physical Plant - Safe Living Environ/Other

Based on observation and staff interview, the facility failed to maintain an environment free from hazards for residents.

The findings include:

During a tour of the facility on / / The following was observed:

1. Laundry third floor, floor covered with lint and small pieces of paper.

2. - stain on carpet, next to the bed.

3. - Trim and wall behind the with multiple scuff marks. cracked.

4. - , had stains.

5. - Wall outside the a gouge in the edge of the wall.

6. Hallway carpets covered with lint and debris on all floors.

7. Wellness Center door on first floor with scuff marks.

8. Laundry on first floor with paint peeling.

In an interview with the Assistant Living Director on at 3:05 p.m., she said, "I guess we'll have to be more observant when we do our inspections."

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SUMMARY STATEMENT OF DEFICIENCIES
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Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Carlisle Naples
6945 Carlisle Court
Naples, FL 34109

Dear Administrator:

This letter reports the findings of a State monitoring Revisit Survey conducted on 15, 2016 by a representative of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the uncorrected deficiency that was identified on the day of the visit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2016.**

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, R.N.
Field Office Manager

sh
Enclosure: State Form

YOSF

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Fort Myers, FL 33901
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