STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964914	R **05/02/2017**
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 5/2/17 at The Carlisle Naples, an Assisted Living Facility (license # 9408) located in Naples, Florida.

This was a follow-up to the Biennial with Extended Congregate Care survey completed on 4/4/17.

The previous deficiencies were found corrected and no new deficiencies were identified.