

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/12/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964914	(X3) DATE SURVEY COMPLETED R 02/02/2018
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

A follow-up by desk review was conducted on 2/2/18 for Carlisle Naples, an assisted living facility (license #9408) in Naples, Florida.

The follow-up was in response to the extended congregate care (ECC) monitoring survey which was conducted on 12/26/17.

Based on the facility's supporting documentation, the deficiency was corrected as of 1/23/18.