

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/11/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964914	(X3) DATE SURVEY COMPLETED 04/04/2018
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 An unannounced extended congregate care monitoring survey was conducted on 4/4/18 at Carlisle Naples, an assisted living facility (license #9408) in Naples, Florida. No deficiencies were found at the time of the visit.		