STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966506	**08/05/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Arbor At Shell Point (the)	**8100 Arbor Court Fort Myers, FL 33908**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0051-Medication - Pill Organizers-08/05/2013
0055-Medication - Storage And Disposal-08/05/2013
0056-Medication - Labeling And Orders-08/05/2013
0057-Medication - Over The Counter (otc) Products-08/05/2013

This is the result of an unannounced follow-up to a Biennial survey conducted on 8/5/13 at Arbor at Shell Point in Ft. Myers, FL.

All previous citations have been substantially improved or corrected.

No deficiencies were cited relevant to the survey during this visit.

0051-Medication - Pill Organizers 58A-5.0185(2) FAC

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC

0057-Medication - Over The Counter (OTC) Products 58A-5.0185(8) FAC

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 12, 2013

Administrator
Arbor At Shell Point (the)
8100 Arbor Court
Fort Myers, FL 33908

Dear Administrator:

This letter reports the findings of a Biennial survey revisit conducted on August 5, 2013 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,

Harold D. Williams
Field Office Manager

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Enclosure: State Form

Headquarters
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Tallahassee, FL 32308
http://ahca.myflorida.com

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Fort Myers, FL 33901
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