STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910496	**12/03/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Kiva At Canterbury, Llc	**#10 7th Street Bonita Springs, FL 34134**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0010-Admissions - Continued Residency-12/03/2013
0053-Medication - Administration-12/03/2013

An unannounced follow-up to the Biennial and Extended Congregate Care (ECC) survey was conducted at Kiva Canterbury at Bonita Springs an Assisted Living Facility (ALF) on 12/3/13. The facility had a census of 28 residents with 1 resident receiving ECC services

All previous citations have been substantially improved or corrected.

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

0010-Admissions - Continued Residency 58A-5.0181(4) FAC

0053-Medication - Administration 58A-5.0185(4) FAC

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 11, 2013

Administrator
Kiva At Canterbury, LLC
#10 7th Street
Bonita Springs, FL 34134

Dear Administrator:

This letter reports the findings of a Biennial and Extended Congregate Care (ECC) survey revisit conducted on December 3, 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

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

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