

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 04/14/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964870	(X3) DATE SURVEY COMPLETED 04/02/2014
NAME OF PROVIDER OR SUPPLIER Pacifica Senior Living Fort Myers	STREET ADDRESS, CITY, STATE, ZIP CODE 9461 Healthpark Circle Fort Myers, FL 33908	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

This is to report the findings of an unannounced Complaint Survey, CCR# 2014002887 completed on 4/2/14 at Pacifica Senior Living, an Assisted Living Facility (ALF).

The complaint was generated by ACHA, after a self-reported adverse incident.

The allegation was confirmed without deficiency.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 14, 2014

Administrator
Pacifica Senior Living Fort Myers
9461 Healthpark Circle
Fort Myers, FL 33908

Re: CCR #2014002887

Dear Administrator:

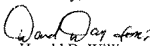
This letter reports the findings of a complaint survey completed on April 2, 2014 by a representative of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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/Forras.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 contact this office at (239) 335-1315.

Sincerely,


Harold D. Williams
Field Office Manager

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Enclosure: State Form

