STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964870	**07/02/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Pacifica Senior Living Fort Myers	**9461 Healthpark Circle Fort Myers, FL 33908**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

An unannounced Extended Congregate Care (ECC) survey was conducted on 7/2/14 at Pacifica, an Assisted Living Facility (ALF) in Fort Myers, FL.

No deficiencies were noted and no citations were given.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 8, 2014

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

Dear Administrator:

This letter reports findings of an Extended Congregate Care (ECC) survey that was conducted on July 2, 2014 by a representative of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

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

Fort Myers Field Office
2295 Victoria Avenue, Room 340
Fort Myers, FL 33901
Phone:(239) 335-1315; Fax:(239) 338-2372
AHCA.MyFlorida.com