

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11932588	(X3) DATE SURVEY COMPLETED 08/06/2014
NAME OF PROVIDER OR SUPPLIER Calusa Harbour	STREET ADDRESS, CITY, STATE, ZIP CODE 2525 E. First Street Fort Myers, FL 33901	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

These are the results of an unannounced Complaint Survey, CCR# 2014007502 conducted on 8/06/14 at Calusa Harbour an Assisted Living Facility (ALF).

There were 4 allegations which were not confirmed.

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 12, 2014

Administrator
Calusa Harbour
2525 E. First Street
Fort Myers, FL 33901

RE: CCR #2014007502

Dear Administrator:

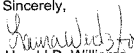
This letter reports the findings of a complaint survey completed on August 6, 2014 by representative(s) of this office.

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/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(s). 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

