

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11932588	(X3) DATE SURVEY COMPLETED 09/03/2014
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)		

Revisit Corrected Tags:

0025-Resident Care - Supervision-09/03/2014
0030-Resident Care - Rights & Facility Procedures-09/03/2014
0052-Medication - Assistance With Self-Admin-09/03/2014
0056-Medication - Labeling And Orders-09/03/2014

An unannounced follow-up to the Relicensure survey was conducted on 9/3/14 at Calusa Harbor, an Assisted Living Facility (ALF) in Ft. Myers, Florida.

All previous citations have been substantially improved or corrected.

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

0025-Resident Care - Supervision 58A-5.0182(1) FAC

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 3, 2014

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

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on September 3, 2014 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

sh
Enclosure: State Form

