STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953349	**10/13/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Lamplight Of Fort Myers	**1896 Park Meadow Drive Fort Myers, FL 33907**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

An unannounced Complaint Survey, CCR# 2014008395, was conducted on 10/13/14 at Lamplight of Fort Myers, an Assisted Living Facility (ALF) located in Fort Myers, Florida.

There was one allegation concerning resident rights. This allegation was not substantiated and there were no citations.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 20, 2014

Administrator
Lamplight Of Fort Myers
1896 Park Meadow Drive
Fort Myers, FL 33907

RE: CCR #2014008395

Dear Administrator:

This letter reports the findings of a complaint survey completed on October 13, 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/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 contact this office at (239) 335-1315.

Sincerely,

for: Harold D. Williams
Field Office Manager

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Enclosure: State Form

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