

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11953349	(X3) DATE SURVEY COMPLETED 01/14/2015
NAME OF PROVIDER OR SUPPLIER Lamplight Of Fort Myers	STREET ADDRESS, CITY, STATE, ZIP CODE 1896 Park Meadow Drive Fort Myers, FL 33907	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Repeat Tags:

0084-Training - Assis Self-Admin Meds & Med Mgmt-58a-5.0191(5) Fac

Specific Tag Findings:

An unannounced revisit survey was conducted on 1/14/15 at Lamplight of Fort Myers, an Assisted Living Facility in Fort Myers, Florida.

There were no deficiencies cited during this survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 16, 2015

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

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on January 14, 2015 by a representative of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiency was 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,

Jon Seehawer, RN
Acting Field Office Manager

JS:ec
Enclosure: State Form

