STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911219	**01/28/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
King's Crown-Shell Point Village	**3699 Kings Crown Court Fort Myers, FL 33908**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0052-Medication - Assistance With Self-Admin-58a-5.0185(3) Fac
0054-Medication - Records-58a-5.0185(5) Fac
0056-Medication - Labeling And Orders-58a-5.0185(7) Fac

Specific Tag Findings:
These are the results of the follow-up to the Biennial survey conducted at King's Crown - Shell Point Village, an Assisted Living Facility in Ft Myers, Florida.

The follow-up was conducted on 1/28/15.

All previous citations have been corrected.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

February 2, 2015

Administrator
King's Crown-Shell Point Village
3699 Kings Crown Court
Fort Myers, FL 33908

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on January 28, 2015 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,

Jon Seehawer, RN
Acting Field Office Manager

JS:ec
Enclosure: State Form

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