

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/21/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11953349	(X3) DATE SURVEY COMPLETED 04/14/2015
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)**

0000 - Initial Comments

An unannounced Complaint Survey, CCR# 2015001453, was conducted on 4/14/15 at Lamplight of Fort Myers, an Assisted Living Facility (ALF) located in Fort Myers, Florida.

There were four allegations investigated at time of survey. The allegations were not substantiated and there were no citations.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 21, 2015

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

RE: CCR #2015001453

Dear Administrator:

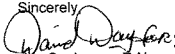
This letter reports the findings of a complaint survey completed on April 14, 2015 by a representative of this office.

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,


Jon Seehawer, R.N.
Field Office Manager

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Enclosure: State Form

Fort Myers Field Office
2295 Victoria Avenue, Room 340
Fort Myers, FL 33901
Phone: (239) 335-1315, Fax: (239) 338-2372
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