

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/05/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965026	(X3) DATE SURVEY COMPLETED R 04/28/2015
NAME OF PROVIDER OR SUPPLIER BROOKDALE FORT MYERS CYPRESS LAKE	STREET ADDRESS, CITY, STATE, ZIP CODE 7460 LAKE BREEZE DRIVE FORT MYERS, FL 33919	

**SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)**

0000 - Initial Comments

An unannounced follow-up to the Extended Congregate Care (ECC) survey was conducted on 4/28/15 at Brookdale Fort Myers Cypress Lake, an Assisted Living Facility (ALF) in Fort Myers, Florida.

The citation was cleared and no additional deficiencies were noted at the time of this re-visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 5, 2015

Administrator
Brookdale Fort Myers Cypress Lake
7460 Lake Breeze Drive
Fort Myers, FL 33919

Dear Administrator:

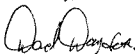
This letter reports the findings of a state licensure survey revisit conducted on April 28, 2015 by a representative of this office.

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, 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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Facebook.com/AHCAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida

5/5/2015

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA /
Identification Number
AL11965026

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
4/28/2015

Name of Facility
BROOKDALE FORT MYERS CYPRESS LAKE

Street Address, City, State, Zip Code
7460 LAKE BREEZE DRIVE
FORT MYERS, FL 33919

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix AE205	Correction Completed 04/28/2015	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. # 58A-5.030(6) FAC LSC		Reg. # LSC		Reg. # LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. # LSC		Reg. # LSC		Reg. # LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. # LSC		Reg. # LSC		Reg. # LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. # LSC		Reg. # LSC		Reg. # LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. # LSC		Reg. # LSC		Reg. # LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. # LSC		Reg. # LSC		Reg. # LSC	

Reviewed By
State Agency
Reviewed By
CMS RO

Reviewed By
Wendy HFB
Reviewed By

Date:
5-5-15
Date:

Signature of Surveyor:
Claire M. G. Lillivay, RNS
Signature of Surveyor:

Date:
5-5-15
Date:

Followup to Survey Completed on:
2/4/2015

Check for any Uncorrected Deficiencies. Was a Summary of
Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO