

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/13/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968805	(X3) DATE SURVEY COMPLETED 05/13/2015
NAME OF PROVIDER OR SUPPLIER AMERICAN HOUSE BONITA SPRINGS	STREET ADDRESS, CITY, STATE, ZIP CODE 11400 LONGFELLOW LN BONITA SPRINGS, FL 34135	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An Initial survey was conducted on 4/29/15 and 5/13/15 for American House, an Assisted Living Facility (ALF) in Bonita Springs, Florida. American House is recommended for a Standard license with Limited Nursing Services (LNS) for 130 bed capacity effective 5/13/15.		



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 13, 2015

Administrator
American House Bonita Springs
11400 Longfellow Ln
Bonita Springs, FL 34135

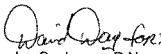
Dear Administrator:

This letter reports the findings of an initial Licensure survey completed on May 13, 2015 by a representative of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey. **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

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