

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/12/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11932588	(X3) DATE SURVEY COMPLETED 06/01/2015
NAME OF PROVIDER OR SUPPLIER CALUSA HARBOUR	STREET ADDRESS, CITY, STATE, ZIP CODE 2525 E. FIRST STREET FORT MYERS, FL 33901	

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

0000 - Initial Comments

An unannounced Complaint Survey, CCR# 2015002677 with 2 allegations was conducted on 6/1/15 at Calusa Harbour, an Assisted Living Facility (ALF) in Fort Myers, Florida.

No deficiencies were found in relation to the complaint.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 12, 2015

Administrator
Calusa Harbour
2525 E. First Street
Fort Myers, FL 33901

RE: CCR #2015002677

Dear Administrator:

This letter reports the findings of a complaint survey completed on June 1, 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

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