STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964197	R **06/15/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
BROOKDALE FORT MYERS THE COLONY	**13565 AMERICAN COLONY BLVD FORT MYERS, FL 33912**	

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

0000 - Initial Comments

On 6/15/15 a follow-up to a Biennial survey with Limited Nursing Services (LNS) specialty license was completed at Brookdale at the Colony an Assisted Living Facility (ALF) in Fort Myers, Florida.

All citations were cleared during this follow-up.

AH Form Approved
6/18/2015

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number
AL11964197

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
6/15/2015

Name of Facility
BROOKDALE FORT MYERS THE COLONY

Street Address, City, State, Zip Code
13565 AMERICAN COLONY BLVD
FORT MYERS, FL 33912

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 Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix **A0025** Reg. # **429.26(7) FS; 58A-5.0182(1** LSC	**06/15/2015**	ID Prefix **A0081** Reg. # **58A-5.0191(2) FAC** LSC	**06/15/2015**	ID Prefix **A0090** Reg. # **58A-5.0191(11) FAC** LSC	**06/15/2015**
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By State Agency	**Reviewed By** [signature], HFES	**Date:** 6-18-15	**Signature of Surveyor:** [signature], HFES	**Date:** 6-15-15
Reviewed By CMS RO	**Reviewed By**	**Date:**	**Signature of Surveyor:**	**Date:**

Followup to Survey Completed on:
4/29/2015

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

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 18, 2015

Administrator
Brookdale Fort Myers The Colony
13565 American Colony Blvd
Fort Myers, FL 33912

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on June 15, 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

DT9D

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

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
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