

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/11/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963882	(X3) DATE SURVEY COMPLETED R 09/03/2015
NAME OF PROVIDER OR SUPPLIER SPRINGWOOD COURT	STREET ADDRESS, CITY, STATE, ZIP CODE 12780 KENWOOD LANE FORT MYERS, FL 33907	

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

0000 Initial Comments

An unannounced second revisit survey was completed on 9/3/15 for Springwood Court, and Assisted Living Facility in Fort Myers, Fl. The original complaint survey was completed on 3/16/15 with a first revisit on 5/26/15.

The identified deficiencies were found to be corrected at this visit.

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA /
Identification Number
AL11963882

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
9/3/2015

Name of Facility
SPRINGWOOD COURT

Street Address, City, State, Zip Code
12780 KENWOOD LANE
FORT MYERS, FL 33907

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 A0025	Correction Completed 09/03/2015	ID Prefix A0031	Correction Completed 09/03/2015	ID Prefix AN278	Correction Completed 09/03/2015
Reg. # 429.26(7) FS; 58A-5.0182(1) LSC		Reg. # 58A-5.0182(7) FAC LSC		Reg. # 58A-5.031(3) FAC 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
Amelia H.F.E.S.
Reviewed By

Date:
9-11-15
Date:

Signature of Surveyor:
Samuel
Signature of Surveyor:

Date:
9-11-15
Date:

Followup to Survey Completed on:
3/16/2015

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

September 11, 2015

Administrator
Springwood Court
12780 Kenwood Lane
Fort Myers, FL 33907

Dear Administrator:

This letter reports the findings of a second state licensure survey revisit conducted by desk review on September 3, 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 effective 9/3/15. **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 and Revisit Report

DT9D

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