

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/23/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910496	(X3) DATE SURVEY COMPLETED 09/15/2015
NAME OF PROVIDER OR SUPPLIER KIVA AT CANTERBURY, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE #10 7TH STREET BONITA SPRINGS, FL 34134	

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

0000 Initial Comments

An unannounced Complaint Survey, CCR# 2015007942 was conducted on 9/14/15 and 9/15/15 at Kiva at Canterbury, an Assisted Living Facility (ALF) in Bonita Springs, Florida.

The complaint contained 3 allegations.

No deficiencies related to this complaint were found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 23, 2015

Administrator
Kiva At Canterbury, LLC
#10 7th Street
Bonita Springs, FL 34134

RE: CCR #2015007942

Dear Administrator:

This letter reports the findings of a complaint survey completed on September 15, 2015 by representatives of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies related to the complaint 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 surveyors. 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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