STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964663	R 11/24/2015
NAME OF PROVIDER OR SUPPLIER **BROOKDALE FORT MYERS LAKES PARK**	STREET ADDRESS, CITY, STATE, ZIP CODE **14521 LAKEWOOD BOULEVARD FORT MYERS, FL 33919**	

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

0000 Initial Comments

An unannounced revisit survey was conducted on 11/24/15 at Brookdale Fort Myers Lakes Park, an assisted living facility in Fort Myers, Florida. This was a follow-up to the Biennial and limited nursing service survey conducted on 9/16/15.

No deficiencies were found at the time of the visit.

AH Form Approved
11/30/2015

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number
AL11964663

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
11/24/2015

Name of Facility
BROOKDALE FORT MYERS LAKES PARK

Street Address, City, State, Zip Code
14521 LAKEWOOD BOULEVARD
FORT MYERS, FL 33919

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 **A0030** Reg. # **58A-5.0182(6) FAC; 429.28(** LSC	**11/24/2015**	ID Prefix **A0092** Reg. # **58A-5.020(1) FAC** LSC	**11/24/2015**	ID Prefix **A0093** Reg. # **58A-5.020(2) FAC** LSC	**11/24/2015**
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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Reviewed By State Agency	Reviewed By [signature]	Date: 11/30/2015	Signature of Surveyor: Laura Weitz for Robin Heiman	Date: 11-30-15
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:

Followup to Survey Completed on:
9/16/2015

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

November 30, 2015

Administrator
Brookdale Fort Myers Lakes Park
14521 Lakewood Boulevard
Fort Myers, FL 33919

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on November 24, 2015 by representative(s) 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(s). 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

Fort Myers Field Office
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Fort Myers, FL 33901
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