

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 12/09/2015
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910496	(X3) DATE SURVEY COMPLETED R 12/03/2015
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 revisit survey was conducted on 12/3/15 at Kiva at Canterbury, an Assisted Living Facility in Bonita Springs, Florida. This was a follow-up to the Biennial/ECC survey completed on 9/15/15.

The previous deficiencies were found corrected and no new deficiencies were identified.

12/9/2015

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11910496	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 12/3/2015
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Name of Facility KIVAAT CANTERBURY, LLC	Street Address, City, State, Zip Code #10 7TH STREET BONITA SPRINGS, FL 34134
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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 A0026	Correction Completed 12/03/2015	ID Prefix A0056	Correction Completed 12/03/2015	ID Prefix A0152	Correction Completed 12/03/2015
Reg. # 58A-5.0182(2) FAC		Reg. # 58A-5.0185(7) FAC		Reg. # 58A-5.023(3) FAC	
LSC		LSC		LSC	
ID Prefix A0167	Correction Completed 12/03/2015	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. # 58A-5.025 FAC		Reg. #		Reg. #	
LSC		LSC		LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	

Reviewed By	Reviewed By	Date:	Signature of Surveyor:	Date:
State Agency	<i>[Signature]</i>	12-8-15	<i>Robin Heiman, TRS</i>	12-8-15
Reviewed By	Reviewed By	Date:	Signature of Surveyor:	Date:
CMS RO				

Followup to Survey Completed on:

9/15/2015

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

December 9, 2015

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

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on December 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 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 and Revisit Report

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