STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965026	R 02/16/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE FORT MYERS CYPRESS LAKE	**7460 LAKE BREEZE DRIVE 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 2/16/16 at Brookdale Fort Myers Cypress Lake, an Assisted Living Facility in Fort Myers, Florida. This was a follow-up to the Complaint survey CCR #2015011756, completed on 12/1/15.

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

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
AL11965026 Y1	A. Building B. Wing Y2	2/16/2016 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE FORT MYERS CYPRESS LAKE	7460 LAKE BREEZE DRIVE 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).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0052 Reg. # 58A-5.0185 (3) LSC	Correction Completed 02/16/2016	ID Prefix A0056 Reg. # 58A-5.0185(7) FAC LSC	Correction Completed 02/16/2016	ID Prefix A0152 Reg. # 58A-5.023(3) FAC LSC	Correction Completed 02/16/2016
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 (INITIALS) QD	DATE 2-23-16	SIGNATURE OF SURVEYOR [signature] for Robin Heimann, RNS	DATE 2-23-16
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 12/1/2015	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO			

 EVENT ID: DP9I12

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

February 23, 2016

Administrator
Brookdale Fort Myers Cypress Lake
7460 Lake Breeze Drive
Fort Myers, FL 33919

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on February 16, 2016 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

DT9D

Fort Myers Field Office
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Fort Myers, FL 33901
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