STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968977	**03/10/2016**
NAME OF PROVIDER OR SUPPLIER **INSPIRED LIVING AT BONITA SPRINGS**	STREET ADDRESS, CITY, STATE, ZIP CODE **27221 BAY LANDING DR** **BONITA SPRINGS, FL 34135**	

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

0000 Initial Comments

An announced initial licensure visit was completed from 3/2/16 through 3/10/16 for Inspired Living at Bonita Springs, an Assisted Living Facility in Bonita Springs, Florida.

No deficiencies were found at the time of the survey. Inspired Living is recommended for a Standard License with Limited Nursing Services for a capacity of 84.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 10, 2016

Administrator
Inspired Living At Bonita Springs
27221 Bay Landing Dr
Bonita Springs, FL 34135

Dear Administrator:

This letter reports the findings of an initial Licensure survey conducted on March 2, 2016 through March 10, 2016 by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey. **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,

Laura Weeks for
Jon Seehawer, R.N.
Field Office Manager

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Enclosure: State Form

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Fort Myers Field Office
2295 Victoria Avenue, Room 340
Fort Myers, FL 33901
Phone:(239) 335-1315; Fax:(239) 338-2372
AHCA.MyFlorida.com

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida