

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/16/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964197	(X3) DATE SURVEY COMPLETED 05/11/2016
NAME OF PROVIDER OR SUPPLIER BROOKDALE FORT MYERS THE COLONY	STREET ADDRESS, CITY, STATE, ZIP CODE 13565 AMERICAN COLONY BLVD FORT MYERS, FL 33912	

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

0000 Initial Comments

An unannounced Limited Nursing Service survey was conducted on 5/11/16 at Brookdale Ft Myers Cypress Lakes, an Assisted Living facility in Ft Myers, Florida.

No deficiencies were found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 16, 2015

Administrator
Brookdale Fort Myers The Colony
13565 American Colony Blvd
Fort Myers, FL 33912

Dear Administrator:

This letter reports findings of a state monitoring survey that was conducted on May 11, 2016 by a representative 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.

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

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