STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969059	**08/31/2016**
NAME OF PROVIDER OR SUPPLIER **AMERICAN HOUSE COCONUT POINT**	STREET ADDRESS, CITY, STATE, ZIP CODE **8460 MURANO DEL LAGO DR** **BONITA SPRINGS, FL 34135**	

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

0000 Initial Comments

An announced initial licensure survey was conducted from 8/25/16 to 8/31/16 at American House Coconut Point, an Assisted Living Facility (license number pending), in Bonita Springs, Florida.

There were no deficiencies at the time of the survey. American House Coconut Point is recommended for a Standard license with Limited Nursing Service for a capacity of 164, effective 8/31/16.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 31, 2016

Administrator
American House Coconut Point
8460 Murano Del Lago Dr
Bonita Springs, FL 34135

Dear Administrator:

This letter reports the findings of an initial Licensure survey completed on August 31, 2016 by representatives 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 surveyors. 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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