STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964197	**09/21/2016**
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 Complaint survey, CCR #2016003561 was conducted on 9/21/16 at Brookdale Fort Myers the Colony, an Assisted Living Facility, (license #8817) in Ft. Myers, Florida.

There was one allegation and it was not substantiated.

The facility received no citations as a result of this survey.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 26, 2016

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

RE: CCR #2016003561

Dear Administrator:

This letter reports the findings of a complaint survey completed on September 21, 2016 by a representative of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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 contact this office at (239) 335-1315.

Sincerely,

Jon Seehawer, R.N.
Field Office Manager

sh
Enclosure: State Form

8JK1

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