

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/11/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11932588	(X3) DATE SURVEY COMPLETED 10/05/2016
NAME OF PROVIDER OR SUPPLIER CALUSA HARBOUR	STREET ADDRESS, CITY, STATE, ZIP CODE 2525 E. FIRST STREET FORT MYERS, FL 33901	

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

0000 Initial Comments

An unannounced complaint survey, CCR #2016009677 was conducted on 10/5/16 at Calusa Harbour, an Assisted Living Facility (license #6066) in Fort Myers, Florida.

The facility had two allegations. Neither was substantiated with no citations.

No deficiencies were found at the time of the visit.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

October 11, 2016

Administrator
Calusa Harbour
2525 E. First Street
Fort Myers, FL 33901

RE: CCR #2016009677

Dear Administrator:

This letter reports the findings of a complaint survey completed on October 5, 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

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Enclosure: State Form

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