

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/21/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969101	(X3) DATE SURVEY COMPLETED 10/20/2016
NAME OF PROVIDER OR SUPPLIER AUTUMN LEAVES OF ESTERO	STREET ADDRESS, CITY, STATE, ZIP CODE 22900 LYDEN DR ESTERO, FL 33928	

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

0000 Initial Comments

An announced initial Licensure survey was conducted on 10/20/16 at Autumn Leaves, an Assisted Living facility in Estero, Florida.

No deficiencies were found at the time of the visit.

Recommend facility be licensed for a capacity of 56 as requested.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

October 21, 2016

Administrator
Autumn Leaves Of Estero
22900 Lyden Dr
Estero, FL 33928

Dear Administrator:

This letter reports the findings of an initial Licensure survey conducted on October 20, 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. **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. 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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