STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964197	**11/22/2016**
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 for CCR #2016009029 and CCR #2016008351 was conducted on 11/22/16 at Brookdale Fort Myers The Colony, an Assisted Living Facility, (license #8817) in Fort Myers, Florida.

Complaint CCR #2016009029 contained 1 allegation which was not substantiated.
Complaint CCR #2016008351 contained 1 allegation which was not substantiated.

No deficiencies were found at the time of the visit.

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

November 28, 2016

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

RE: CCR #2016008351 & CCR #2016009029

Dear Administrator:

This letter reports the findings of a complaint survey completed on November 22, 2016 by representative(s) 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(s). Should you have any questions, please contact this office at (239) 335-1315.

Sincerely,

Laura Weeks for
Jon Seehawer, R.N.
Field Office Manager

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Enclosure: State Form

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