

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/23/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969059	(X3) DATE SURVEY COMPLETED 03/06/2017
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 unannounced complaint survey for CCR #2017001677 was conducted 3/6/17 at American House Coconut Point, an assisted living facility (license #12898) in Bonita Springs, Florida. No deficiencies were found at the time of the visit.		