STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910496	R **06/20/2017**
NAME OF PROVIDER OR SUPPLIER **KIVA AT CANTERBURY, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **#10 7TH STREET** **BONITA SPRINGS, FL 34134**	

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

0000 - Initial Comments

An unannounced revisit survey was completed on 6/20/17 at Kiva At Canterbury, an assisted living facility (license #7622) in Bonita Springs, Florida. This was a follow-up to the complaint survey for CCR#2017001612 survey completed on 5/9/17.

The previous deficiency was found corrected and no new deficiencies were identified.