STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968805	R **06/13/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMERICAN HOUSE BONITA SPRINGS	**11400 LONGFELLOW LN** **BONITA SPRINGS, FL 34135**

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

0000 - Initial Comments

An unannounced revisit survey was conducted on 6/13/17 at American House Bonita Springs, an assisted living facility (license # 12672) in Bonita Springs, Florida. This was a follow-up to the licensure survey completed on 4/26/17.

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