

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/20/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969059	(X3) DATE SURVEY COMPLETED R 10/10/2017
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 revisit survey was conducted on 10/10/17 at American House Coconut Point, an assisted living facility (license #12898) located in Bonita Springs, Florida. This was a follow-up to the complaint survey completed on 7/27/17. The previous deficiency was found corrected and no new deficiencies were identified.		