

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/24/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968977	(X3) DATE SURVEY COMPLETED R 04/02/2018
NAME OF PROVIDER OR SUPPLIER INSPIRED LIVING AT BONITA SPRINGS	STREET ADDRESS, CITY, STATE, ZIP CODE 27221 BAY LANDING 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 4/2/18 at Inspired Living At Bonita Springs, an assisted living facility (license #12802) in Bonita Springs, Florida. This was a follow-up to the complaint survey completed on 1/17/18. The previous deficiency was found corrected and no new deficiencies were identified.		