

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/11/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910496	(X3) DATE SURVEY COMPLETED 06/27/2018
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 extended congregate care survey was conducted on 06/27/2018 at Kiva at Canterbury, an assisted living facility (license #7622) in Bonita Springs, Florida.

No deficiencies were found at the time of the visit.