

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/11/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968805	(X3) DATE SURVEY COMPLETED 06/27/2018
NAME OF PROVIDER OR SUPPLIER AMERICAN HOUSE BONITA SPRINGS	STREET ADDRESS, CITY, STATE, ZIP CODE 11400 LONGFELLOW LN BONITA SPRINGS, FL 34135	

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

0000 - Initial Comments

An unannounced limited nursing services survey was conducted on 06/27/2018 at American House Bonita Springs, an assisted living facility (license #12672) in Bonita Springs, Florida.

No deficiencies were found at the time of the visit.