STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969200	**08/30/2018**
NAME OF PROVIDER OR SUPPLIER **FUTURE HOME CARE OF AMERICA LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **24709 RODAS DR** **BONITA SPRINGS, FL 34135**	

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

0000 - Initial Comments

An unannounced limited nursing services and emergency power plan monitoring survey were conducted on 8/30/18 at Future Home Care America, an assisted living facility (license #13085) in Bonita Springs, Florida.

No deficiencies were found at the time of the visit.