

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/09/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969059	(X3) DATE SURVEY COMPLETED R 09/26/2018
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 and emergency power plan monitoring survey were conducted on 9/26/18 at American House Coconut Point, an assisted living facility (license #12898) in Bonita Springs, Florida.

This was a follow-up to the bi-ennial and limited nursing services monitoring survey conducted on 7/17/18.

The previous deficiency was found corrected and no new deficiencies were identified.