STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968977	**11/05/2018**
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 complaint survey for CCR# 2018014210 was conducted 11/5/18 at Inspired Living at Bonita Springs, an assisted living facility (license #12802) in Bonita Springs, Florida.

The complaint contained 2 allegations both of which were unsubstantiated.

No deficiencies were found at the time of the visit.