STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968805	**03/07/2019**
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 complaint survey for CCR#2018018436 on 3/7/19 at American House Bonita Springs, an assisted living facility (license #12672) in Bonita Springs, Florida.

The complaint contained two allegations, both of which were unsubstantiated.

No deficiencies were found at the time of this survey.