STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968805	R **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 revisit survey was conducted on 3/7/19 at American House Bonita Springs, an assisted living facility (license #12672) in Bonita Springs, Florida.

This is a follow-up to the biennial, limited nursing services and emergency power plan monitoring survey completed on 12/19/18.

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