

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964789	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/05/2012
NAME OF PROVIDER OR SUPPLIER EMERITUS AT BONITA SPRINGS	STREET ADDRESS, CITY, STATE, ZIP CODE 26850 SOUTH BAY DRIVE BONITA SPRINGS, FL 34134		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
{A 000}	Initial Comments	{A 000}	
	This is the 2nd follow-up to Complaint survey CCR# 2012003369 completed on 9/5/12 at Emeritus at Bonita Springs, an Assisted Living Facility. All previous citations have been substantially improved or corrected. No deficiencies were cited relevant to the survey during this visit.		

AHCA Form 3020-0001

TITLE

(X8) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

0000

LPRW13

If continuation sheet 1 of 1

9/11/2012

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA /
Identification Number
AL11964789(Y2) Multiple Construction
A. Building
B. Wing(Y3) Date of Revisit
9/5/2012

Name of Facility

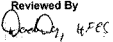
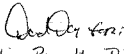
EMERITUS AT BONITA SPRINGS

Street Address, City, State, Zip Code

26850 SOUTH BAY DRIVE
BONITA SPRINGS, FL 34134

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
Correction Completed		Correction Completed		Correction Completed	
ID Prefix A0030	09/05/2012	ID Prefix A0054	09/05/2012	ID Prefix	
Reg. # 58A-5.0182(6) FAC; 429.28		Reg. # 58A-5.0185(5) FAC		Reg. #	
LSC		LSC		LSC	
Correction Completed		Correction Completed		Correction Completed	
ID Prefix		ID Prefix		ID Prefix	
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
Correction Completed		Correction Completed		Correction Completed	
ID Prefix		ID Prefix		ID Prefix	
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
Correction Completed		Correction Completed		Correction Completed	
ID Prefix		ID Prefix		ID Prefix	
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
Correction Completed		Correction Completed		Correction Completed	
ID Prefix		ID Prefix		ID Prefix	
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
Correction Completed		Correction Completed		Correction Completed	
ID Prefix		ID Prefix		ID Prefix	
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	

Reviewed By
State Agency
Reviewed By
CMS ROReviewed By

Reviewed ByDate:
9-11-12
Date:Signature of Surveyor:

Signature of Surveyor:Date:
9-11-12
Date:

Followup to Survey Completed on:

4/30/2012

Check for any Uncorrected Deficiencies. Was a Summary of
Uncorrected Deficiencies (CMS-2567) Sent to the Facility?

YES NO



RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

September 11, 2012

Administrator
Emeritus At Bonita Springs
26850 South Bay Drive
Bonita Springs, FL 34134

Dear Administrator:

This letter reports the findings of a 2nd Complaint survey revisit conducted on September 5, 2012 by a representative of this office.

Attached is the provider's copy of the Revisit Report, which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

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Enclosure

