STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964586	**01/04/2017**
NAME OF PROVIDER OR SUPPLIER **LEHIGH ACRES PLACE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1251 BUSINESS WAY** **LEHIGH ACRES, FL 33936**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An unannounced change of ownership survey was conducted on 1/3/17 through 1/4/17 at Lehigh Acres Place an Assisted Living Facility (license #9098), in Lehigh Acres, Florida.

No deficiencies were found at time of survey.

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

January 13, 2017

Administrator
Lehigh Acres Place
1251 Business Way
Lehigh Acres, FL 33936

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on January 4, 2017 by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

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(s). Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Jon Seehawer, R.N.
Field Office Manager

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Enclosure: State Form

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