

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 05/16/2016
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965026	(X3) DATE SURVEY COMPLETED 05/11/2016
NAME OF PROVIDER OR SUPPLIER BROOKDALE FORT MYERS CYPRESS LAKE	STREET ADDRESS, CITY, STATE, ZIP CODE 7460 LAKE BREEZE DRIVE FORT MYERS, FL 33919	

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

0000 Initial Comments

An unannounced Extended Congregate Care survey was conducted 5/11/16 at Brookdale Ft Myers Cypress Lakes, an Assisted Living Facility in Ft Myers, Florida.

No deficiencies were found at the time of the visit .



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 16, 2016

Administrator
Brookdale Fort Myers Cypress Lake
7460 Lake Breeze Drive
Fort Myers, FL 33919

Dear Administrator:

This letter reports findings of a state monitoring survey that was conducted on May 11, 2016 by a representative 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. 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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