

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/24/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953349	(X3) DATE SURVEY COMPLETED R 02/21/2017
NAME OF PROVIDER OR SUPPLIER LAMPLIGHT INN	STREET ADDRESS, CITY, STATE, ZIP CODE 1896 PARK MEADOW DRIVE FORT MYERS, FL 33907	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced revisit survey was conducted on 2/21/17 at Lamplight Inn, an assisted living facility (license #5096) in Fort Myers, Florida. This was a follow-up to the complaint survey for CCR# 2016014767 completed on 1/3/17. The previous deficiency for this complaint was found corrected and no new deficiencies were identified.		