STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966506	**02/15/2017**
NAME OF PROVIDER OR SUPPLIER **ARBOR AT SHELL POINT (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **8100 ARBOR COURT** **FORT MYERS, FL 33908**	

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

0000 - Initial Comments

An unannounced abbreviated relicensure survey was conducted on 2/15/17 at The Arbor at Shell Point, an assisted living facility (license # 10700) in Fort Myers, Florida.

No deficiencies were found at the time of the visit.