STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965230	**03/02/2017**
NAME OF PROVIDER OR SUPPLIER **INN OF CYPRESS COVE AT HEALTH PARK**	STREET ADDRESS, CITY, STATE, ZIP CODE **10300 CYPRESS COVE DRIVE** **FORT MYERS, FL 33908**	

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

0000 - Initial Comments

An unannounced relicensure Survey and Extended Congregate Care (ECC) was conducted on 3/2/17 at Inn of Cypress Cove at Health Park, an assisted living facility (license # 9630) in Fort Myers, Florida.

No deficiencies were found at the time of the survey.