STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942925	R **03/07/2017**
NAME OF PROVIDER OR SUPPLIER **HIDDEN OAKS OF FORT MYERS**	STREET ADDRESS, CITY, STATE, ZIP CODE **3625 HIDDEN TREE LANE** **FORT MYERS, FL 33901**	

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

0000 - Initial Comments

An unannounced revisit survey was conducted on 3/7/17 at Hidden Oaks, an Assisted Living Facility (license #5531) in Fort Myers, Florida.

This was a follow-up to the complaint survey for CCR# 2016013838 and CCR# 2016014504 completed on 1/26/17.

The previous deficiencies were found corrected and no new deficiencies related to this complaint were identified.