STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964870	R **03/30/2017**
NAME OF PROVIDER OR SUPPLIER **PACIFICA SENIOR LIVING FORT MYERS**	STREET ADDRESS, CITY, STATE, ZIP CODE **9461 HEALTHPARK CIRCLE** **FORT MYERS, FL 33908**	

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

0000 - Initial Comments

A follow-up by desk review was conducted on 3/30/17 for Pacifica Senior Living, an assisted living facility (license #9346) in Fort Myers, Florida. The follow-up was in response to the Extended Congregate Care monitor survey which was conducted 3/14/17.

Based on the facility's supporting documentation, the deficiency was corrected as of 3/30/17.