STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963882	R **03/27/2017**
NAME OF PROVIDER OR SUPPLIER **SPRINGWOOD COURT**	STREET ADDRESS, CITY, STATE, ZIP CODE **12780 KENWOOD LANE** **FORT MYERS, FL 33907**	

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

0000 - Initial Comments

An unannounced revisit survey was completed on 3/27/17 at Springwood Court, an assisted living facility (license #7475) in Fort Myers, Florida.
This was a follow-up survey to a Limited Nursing Services survey conducted on 1/25/17.

At the time of the survey the previously cited deficiency was corrected and no new deficiencies were identified.