STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932588	**04/18/2017**
NAME OF PROVIDER OR SUPPLIER **CALUSA HARBOUR**	STREET ADDRESS, CITY, STATE, ZIP CODE **2525 E. FIRST STREET** **FORT MYERS, FL 33901**	

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

0000 - Initial Comments

An unannounced Limited Nursing Service monitor survey was conducted on 4/18/17 at Calusa Harbour, an assisted living facility (license #6066) in Fort Myers, Florida.

No deficiencies were found at the time of the visit.