

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/08/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953349	(X3) DATE SURVEY COMPLETED 05/08/2017
NAME OF PROVIDER OR SUPPLIER LAMPLIGHT INN	STREET ADDRESS, CITY, STATE, ZIP CODE 1896 PARK MEADOW DRIVE FORT MYERS, FL 33907	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		

0000 - Initial Comments

An unannounced complaint survey for CCR# 2017004018 was conducted on 5/8/17 at Lamplight Inn, an assisted living facility (license #5096) located in Fort Myers, Florida.

No deficiencies related to this complaint were found at time of this visit.