| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11969002** | **05/30/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**THE ROSE GARDEN OF FT MYERS** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**2117 EARL RD**<br>**FORT MYERS, FL 33901** | |

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

**0000 - Initial Comments**

An unannounced complaint survey for CCR# 2017002740 was conducted on 5/30/2017 at The Rose Garden of Fort Myers, an assisted living facility (license #12814) located in Fort Myers, Florida.

The complaint contained 3 allegations, which were unsubstantiated.

No deficiencies were found at the time of the visit.