STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968252	**06/07/2017**
NAME OF PROVIDER OR SUPPLIER **SPRINGS AT SHELL POINT RETIREMENT COMMUNITY,**	STREET ADDRESS, CITY, STATE, ZIP CODE **13901 SHELL POINT PLAZA** **FORT MYERS, FL 33908**	

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

0000 - Initial Comments

An unannounced abbreviated biennial and extended congregate care (ECC) survey was conducted on 6/07/17 at Springs at Shell Point Retirement Center, an assisted living facility (license #12163) in Fort Myers, Florida.

No deficiencies were found at the time of the visit.