

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/01/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953349	(X3) DATE SURVEY COMPLETED R 06/27/2017
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 revisit was conducted on 6/27/17 at Lamplight Inn, an assisted living facility (license # 5096) in Fort Myers, Florida. This survey is a follow-up to the Limited Nursing Services survey dated 5/8/17. The previous deficiency was corrected and there were no new deficiencies.		