

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/04/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969236	(X3) DATE SURVEY COMPLETED 07/20/2017
NAME OF PROVIDER OR SUPPLIER CYPRESS POINT	STREET ADDRESS, CITY, STATE, ZIP CODE 6870 ALISTER WAY FORT MYERS, FL 33912	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An announced initial licensure survey was conducted on 7/20/17 at Cypress Point, an assisted living facility located in Fort Myers, Florida. No deficiencies were found at the time of this survey. Recommend licensure with a capacity of 155 beds and a Limited Nursing Services specialty, as requested.		