STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965056	**09/19/2017**
NAME OF PROVIDER OR SUPPLIER **ARDEN COURTS OF FT. MYERS**	STREET ADDRESS, CITY, STATE, ZIP CODE **15950 MCGREGOR BLVD.** **FORT MYERS, FL 33908**	

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

0000 - Initial Comments

An unannounced relicensure and limited nursing service survey was conducted on 9/19/17 at Arden Courts of Ft. Myers, an assisted living facility (license # 9502) in Fort Myers, Florida.

No deficiencies were found at the time of the visit.