STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969002	**09/18/2017**
NAME OF PROVIDER OR SUPPLIER **THE ROSE GARDEN OF FT MYERS**	STREET ADDRESS, CITY, STATE, ZIP CODE **2117 EARL RD** **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# 2017006653 and CCR #2017006699 was conducted on 9/18/17 at The Rose Garden of Ft Myers, an assisted living facility (license #12814) in Ft. Myers, Florida.

The complaint CCR #2017006653 contained 1 allegation, which was unsubstantiated.

The complaint CCR #2017006699 contained 1 allegation, which was unsubstantiated.

No deficiencies were found at the time of the visit.