STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942878	**09/26/2017**
NAME OF PROVIDER OR SUPPLIER **PALMS OF FORT MYERS**	STREET ADDRESS, CITY, STATE, ZIP CODE **2674 WINKLER AVENUE** **FORT MYERS, FL 33901**	

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

0000 - Initial Comments

An unannounced biennial survey was conducted 9/25/17 through 9/26/17 at the Palms of Fort Myers (license #7269), an assisted living facility located in Fort Myers, Florida.

No deficiencies were found at the time of survey.