

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/11/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969101	(X3) DATE SURVEY COMPLETED 10/03/2017
NAME OF PROVIDER OR SUPPLIER AUTUMN LEAVES OF ESTERO	STREET ADDRESS, CITY, STATE, ZIP CODE 22900 LYDEN DR ESTERO, FL 33928	

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

0000 - Initial Comments

An unannounced limited nursing services (LNS) survey was conducted on 10/3/17 at Autumn Leaves of Estero, an assisted living facility (license #12921) located in Estero, Florida.

No deficiencies were found at the time of the visit.