STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969101	**10/13/2017**
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 complaint survey for CCR# 2017011197 was completed on 10/13/17 at Autumn Leaves of Estero, an assisted living facility (license #12921) in Estero, Florida.

The complaint contained 2 allegations, of which 2 were unsubstantiated.

No deficiencies were found at the time of the visit.