STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910486	**10/26/2017**
NAME OF PROVIDER OR SUPPLIER **BARKLEY PLACE**	STREET ADDRESS, CITY, STATE, ZIP CODE **36 BARKLEY CIRCLE** **FORT MYERS, FL 33907**	

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

0000 - Initial Comments

An unannounced biennial survey was conducted 10/25/17 through 10/26/17 at Barkley Place, an assisted living facility (license # 7218) in Fort Myers, Florida.

No deficiencies were found at the time of the visit.