STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964870	R **11/14/2017**
NAME OF PROVIDER OR SUPPLIER **PACIFICA SENIOR LIVING FORT MYERS**	STREET ADDRESS, CITY, STATE, ZIP CODE **9461 HEALTHPARK CIRCLE** **FORT MYERS, FL 33908**	

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

0000 - Initial Comments

An unannounced revisit survey was conducted on 11/14/17 at Pacifica Senior Living Fort Myers, an assisted living facility (license #9346) located in Fort Myers, Florida.

This was a follow-up to the relicensure survey completed on 9/26/17.

The previous deficiencies were found corrected and no new deficiencies were identified.