STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942925	**11/10/2017**
NAME OF PROVIDER OR SUPPLIER **HIDDEN OAKS OF FORT MYERS**	STREET ADDRESS, CITY, STATE, ZIP CODE **3625 HIDDEN TREE LANE** **FORT MYERS, FL 33901**	

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

0000 - Initial Comments

An unannounced complaint survey for CCR# 2017013006 was completed on 11/10/17 at Hidden Oaks of Fort Myers, an assisted living facility in Fort Myers, Florida. The complaint was conducted in conjunction with a closure monitoring visit.

The complaint contained 1 allegation which was substantiated without citation. The facility was cited on 3/7/17 for the same issue and the citation remains uncorrected.