

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/11/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965026	(X3) DATE SURVEY COMPLETED 11/28/2017
NAME OF PROVIDER OR SUPPLIER BROOKDALE FORT MYERS CYPRESS LAKE	STREET ADDRESS, CITY, STATE, ZIP CODE 7460 LAKE BREEZE DRIVE FORT MYERS, FL 33919	

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

0000 - Initial Comments

An unannounced Biennial survey with an Extended Congregate Care component survey was conducted 11/27/17 through 11/28/17 at Brookdale Fort Myers Cypress Lake, an assisted living facility (license #: 9430) in Fort Myers, Florida.

No deficiencies were found at the time of the visit.