STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969002	**01/04/2018**
NAME OF PROVIDER OR SUPPLIER **THE ROSE GARDEN OF FT MYERS**	STREET ADDRESS, CITY, STATE, ZIP CODE **2117 EARL RD** **FORT MYERS, FL 33901**	

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

0000 - Initial Comments

An unannounced relicensure survey was conducted 1/2/18 through 1/4/18 at The Rose Garden Of Ft Myers, an assisted living facility (license #12814) in Fort Myers, Florida.

No deficiencies were found at the time of the visit related to this survey.
There was a unannounced complaint survey completed along side this survey. There were deficiencies identified in relation to that survey.