STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965026	R **01/17/2018**
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

A follow-up survey was conducted by desk review on 1/17/18 for Brookdale Fort Myers Cypress Lake, an assisted living facility (license #9430) in Fort Myers, Florida.

The follow-up was in response to the complaint survey for CCR# 2017011116 & 2017012152 which was conducted 10/25/17 through 11/2/17.

Based on the facility's supporting documentation, the previous deficiencies were corrected as of 1/17/18.