STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942878	**01/16/2018**
NAME OF PROVIDER OR SUPPLIER **PALMS OF FORT MYERS**	STREET ADDRESS, CITY, STATE, ZIP CODE **2674 WINKLER AVENUE** **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#2017014073 was conducted on 1/16/18 at The Palms Of Fort Myers, an assisted living facility (license #7269) in Fort Myers, Florida.

The complaint contained 2 allegations, of which 2 were not substantiated.

No deficiencies were found at the time of the visit.