STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965230	**07/31/2017**
NAME OF PROVIDER OR SUPPLIER **INN OF CYPRESS COVE AT HEALTH PARK**	STREET ADDRESS, CITY, STATE, ZIP CODE **10300 CYPRESS COVE DRIVE** **FORT MYERS, FL 33908**	

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

0000 - Initial Comments

An unannounced Extended Congregate Care survey was conducted on 7/31/17 at the Inn at Cypress Cove, an assisted living facility (license number 9630) located in Fort Myers, Florida.

No deficiencies were found at the time of the survey.