

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 04/02/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966506	(X3) DATE SURVEY COMPLETED 03/20/2018
NAME OF PROVIDER OR SUPPLIER ARBOR AT SHELL POINT (THE)	STREET ADDRESS, CITY, STATE, ZIP CODE 8100 ARBOR COURT 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 3/20/18 at The Arbor at Shell Point, an assisted living facility (license #10700) in Fort Myers, Florida.

No deficiencies were found at the time of the visit.