

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/02/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965230	(X3) DATE SURVEY COMPLETED 03/20/2018
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 3/20/18 at The Inn at Cypress Cove At Health Park, an assisted living facility (license #9630) in Fort Myers, Florida.

No deficiencies were found at the time of the visit.