

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/02/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964663	(X3) DATE SURVEY COMPLETED R 03/19/2018
NAME OF PROVIDER OR SUPPLIER BROOKDALE FORT MYERS LAKES PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 14521 LAKEWOOD BOULEVARD FORT MYERS, FL 33919	

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

0000 - Initial Comments

An unannounced revisit survey was conducted on 3/19/18 at Brookdale Fort Myers Lakes Park, an assisted living facility (license #9183) in Fort Myers, Florida.
This was a follow-up to the complaint survey completed on 1/16/18.

The previous deficiencies were found corrected and no new deficiencies were identified.