STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932588	**03/29/2018**
NAME OF PROVIDER OR SUPPLIER **CALUSA HARBOUR**	STREET ADDRESS, CITY, STATE, ZIP CODE **2525 E. FIRST STREET** **FORT MYERS, FL 33901**	

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

0000 - Initial Comments

An unannounced biennial and limited nursing services survey was conducted 3/28/18 through 3/29/18 at Calusa Harbour, an assisted living facility (license #6066) in Fort Myers, Florida.

No deficiencies were found at the time of the visit.