

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/09/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969002	(X3) DATE SURVEY COMPLETED R 04/25/2018
NAME OF PROVIDER OR SUPPLIER THE ROSE GARDEN OF FT MYERS	STREET ADDRESS, CITY, STATE, ZIP CODE 2117 EARL RD FORT MYERS, FL 33901	

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

0000 - Initial Comments

An unannounced revisit survey was conducted on 4/25/18 at The Rose Garden of Ft. Myers, an assisted living facility (license #12814) in Fort Myers, Florida.

This was a 2nd follow-up to the complaint survey completed on 1/4/18.

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