STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969359	**05/08/2018**
NAME OF PROVIDER OR SUPPLIER **AMERICAN HOUSE FORT MYERS**	STREET ADDRESS, CITY, STATE, ZIP CODE **14001 METRO PKWY** **FORT MYERS, FL 33912**	

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

0000 - Initial Comments

A announced initial licensure survey was completed from 4/28/18 to 5/8/18 for American House Fort Myers, an assisted living facility in Fort Myers, Florida.

No deficiencies were identified upon completion of the survey. American House Fort Myers is recommended for a Standard license with Limited Nursing Service for a capacity of 143 effective 5/8/18.