

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/14/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963882	(X3) DATE SURVEY COMPLETED R 05/11/2018
NAME OF PROVIDER OR SUPPLIER SPRINGWOOD COURT	STREET ADDRESS, CITY, STATE, ZIP CODE 12780 KENWOOD LANE FORT MYERS, FL 33907	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A follow-up by desk review was conducted on 5/11/18 for Springwood Court, an assisted living facility (license #7475) in Fort Myers, The follow-up was in response to the complaint survey for CCR#2017015694 which was conducted on 3/22/18. Based on the facility's supporting documentation, the deficiencies were corrected as of 5/11/18.		