STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965026	**05/21/2018**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE FORT MYERS CYPRESS LAKE**	STREET ADDRESS, CITY, STATE, ZIP CODE **7460 LAKE BREEZE DRIVE FORT MYERS, FL 33919**	

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

0000 - Initial Comments

An unannounced complaint survey for CCR# 2018003291 was conducted on 5/21/18 at Brookdale Fort Myers Cypress Lake, an assisted living facility (license #9430) in Fort Myers, Florida.

The complaint contained two allegations, of which none were substantiated

No deficiencies were found at the time of the visit.