

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 06/05/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965026	(X3) DATE SURVEY COMPLETED 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 extended congregate care survey was conducted on 5/21/18 at Brookdale Fort Myers Cypress Lake, an assisted living facility (license #9430) in Fort Myers, Florida.

No deficiencies were found at the time of the visit.