STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911219	R **06/19/2018**
NAME OF PROVIDER OR SUPPLIER **KING'S CROWN-SHELL POINT VILLAGE**	STREET ADDRESS, CITY, STATE, ZIP CODE **3699 KINGS CROWN COURT** **FORT MYERS, FL 33908**	

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

0000 - Initial Comments

An unannounced off-hours revisit survey was conducted on 6/19/18 at 7:00 a.m., at King's Crown Shell Point Village, an assisted living facility (license #6012) in Fort Myers, Florida.

This was a follow-up to the complaint survey completed on 5/7/18.

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