STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965056	**06/26/2018**
NAME OF PROVIDER OR SUPPLIER **ARDEN COURTS OF FT. MYERS**	STREET ADDRESS, CITY, STATE, ZIP CODE **15950 MCGREGOR BLVD.** **FORT MYERS, FL 33908**	

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

0000 - Initial Comments

An unannounced limited nursing services survey was conducted 6/26/18 at Arden Court of Fort Myers, an assisted living facility (license #9502) located in Fort Myers, Florida on 6/26/18.

No deficiencies were found at the time of the visit.