STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969236	**06/19/2018**
NAME OF PROVIDER OR SUPPLIER **CYPRESS POINT**	STREET ADDRESS, CITY, STATE, ZIP CODE **6870 ALISTER WAY** **FORT MYERS, FL 33912**	

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

0000 - Initial Comments

An unannounced limited nursing services (LNS) survey was conducted on 6/25/18 at Cypress Point, an assisted living facility (license #13038) in Fort Myers, Florida.

No deficiencies were found at the time of the visit.