STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969101	**07/03/2018**
NAME OF PROVIDER OR SUPPLIER **AUTUMN LEAVES OF ESTERO**	STREET ADDRESS, CITY, STATE, ZIP CODE **22900 LYDEN DR** **ESTERO, FL 33928**	

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

0000 - Initial Comments

An unannounced relicensure survey and limited nursing services monitor survey was conducted 7/2/18 through 7/3/18 at Autumn Leaves of Estero, an assisted living facility (license #12921) in Estero, Florida.

No deficiencies were found at the time of the visit.