STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969101	**08/15/2018**
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 complaint survey for CCR#2018011390 was conducted on 8/15/18 at Autumn Leaves of Estero, an assisted living facility (license #12921) in Estero, Florida.

The complaint had one allegation which was unsubstantiated.

No deficiencies were found at the time of the visit.