STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969275	**08/20/2018**
NAME OF PROVIDER OR SUPPLIER **THRIVE AT BEACHWALK**	STREET ADDRESS, CITY, STATE, ZIP CODE **15800 BEACHWALK BLVD** **FORT MYERS, FL 33908**	

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

0000 - Initial Comments

A limited nursing services and emergency power plan monitoring survey were conducted on 8/9/18 at Thrive at Beachwalk, an assisted living facility (license #13074) in Fort Myers, Florida.

No deficiencies were found at time of survey.