STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964663	**09/05/2018**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE FORT MYERS LAKES PARK**	STREET ADDRESS, CITY, STATE, ZIP CODE **14521 LAKEWOOD BOULEVARD** **FORT MYERS, FL 33919**	

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

0000 - Initial Comments

An unannounced limited nursing services monitoring survey was conducted 9/5/18 at Brookdale Fort Myers Lakes Park, an assisted living facility (license #9183) in Fort Myers, Florida.

No deficiencies were found at the time of the visit.