

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/24/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965230	(X3) DATE SURVEY COMPLETED R 09/12/2018
NAME OF PROVIDER OR SUPPLIER INN OF CYPRESS COVE AT HEALTH PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 10300 CYPRESS COVE DRIVE FORT MYERS, FL 33908	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A follow-up by desk review was conducted on 9/12/18 for the Inn of Cypress Cove at Health Park, an assisted living facility (license # 9630) in Fort Myers, Florida. The follow-up was in response to the extended congregate care and emergency power plan monitoring survey which was conducted on 8/21/18. Based on the facility's supporting documentation, the deficiency was corrected as of 9/12/18.		