STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966506	R **10/18/2018**
NAME OF PROVIDER OR SUPPLIER **ARBOR AT SHELL POINT (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **8100 ARBOR COURT** **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 10/18/18 for The Arbor at Shell Point, an assisted living facility (license #10700) 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 8/9/18.

Based on the facility's supporting documentation, the deficiency was corrected as of 10/18/18.