STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953349	R **10/10/2018**
NAME OF PROVIDER OR SUPPLIER **LAMPLIGHT INN**	STREET ADDRESS, CITY, STATE, ZIP CODE **1896 PARK MEADOW DRIVE** **FORT MYERS, FL 33907**	

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

0000 - Initial Comments

An unannounced revisit survey was conducted 10/8/18 through 10/10/18 at Lamplight Inn, an assisted living facility (license #5096) in Fort Myers, Florida.

This was a follow-up to the complaint survey completed on 7/18/18.

The physical plant/safe environment deficiency at A152 remained uncorrected but documented in survey MYSB14.