

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/05/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969101	(X3) DATE SURVEY COMPLETED 01/09/2019
NAME OF PROVIDER OR SUPPLIER AUTUMN LEAVES OF ESTERO	STREET ADDRESS, CITY, STATE, ZIP CODE 22900 LYDEN DR ESTERO, FL 33928	

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

0000 - Initial Comments

An unannounced emergency power plan monitoring survey was conducted on 1/9/19 at Autumn Leaves of Estero, an assisted living facility (license #12921) in Estero, Florida.

No deficiencies were found at the time of the visit.