

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 03/19/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910486	(X3) DATE SURVEY COMPLETED 01/31/2019
NAME OF PROVIDER OR SUPPLIER BARKLEY PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 36 BARKLEY CIRCLE FORT MYERS, FL 33907	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced emergency power plan monitoring survey was conducted 1/31/19 at Barkley Place, an assisted living facility (license #7218) in Fort Myers, Florida. No deficiencies were found at the time of survey.		