STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964663	**02/05/2019**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE FORT MYERS LAKES PARK**	STREET ADDRESS, CITY, STATE, ZIP CODE **14521 LAKEWOOD BOULEVARD** **FORT MYERS, FL 33919**	

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

0000 - Initial Comments

An unannounced complaint survey for CCR#2018016860 was conducted 2/5/19 at Brookdale Fort Myers Lakes Park, an assisted living facility (license #9183) in Fort Myers, Florida.

The complaint contained 1 allegation which was not substantiated.