

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/20/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11932588	(X3) DATE SURVEY COMPLETED 02/13/2019
NAME OF PROVIDER OR SUPPLIER CALUSA HARBOUR	STREET ADDRESS, CITY, STATE, ZIP CODE 2525 E. FIRST STREET FORT MYERS, FL 33901	

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

0000 - Initial Comments

An unannounced limited nursing services survey was conducted on 2/13/19 at Calusa Harbour, an assisted living facility (license #6066) in Fort Myers, Florida.

No deficiencies were found at the time of the visit.