

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/04/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964870	(X3) DATE SURVEY COMPLETED R 04/11/2019
NAME OF PROVIDER OR SUPPLIER PACIFICA SENIOR LIVING FORT MYERS	STREET ADDRESS, CITY, STATE, ZIP CODE 9461 HEALTHPARK CIRCLE FORT MYERS, FL 33908	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced revisit survey was conducted on 4/10 through 4/11/19 at Pacifica Senior Living Fort Myers, an assisted living facility in Fort Myers, Florida. This is a follow-up to the complaint survey completed on 12/27/18. The previous deficiencies were found corrected and no new deficiencies were identified.		

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