

**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 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 complaint survey for #2019002798 and #2019000389 was conducted on 4/10/19 through 4/11/19 at Pacifica Senior Living Fort Myers, an assisted living facility in Ft. Myers, Florida. Complaint #2019002798 had one allegation which was unsubstantiated. Complaint #2019000389 had one allegation which was unsubstantiated. No deficiencies were found at the time of this visit.		