STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953532	**04/16/2019**
NAME OF PROVIDER OR SUPPLIER **MANORCARE AT LELY PALMS**	STREET ADDRESS, CITY, STATE, ZIP CODE **1000 LELY PALMS DRIVE** **NAPLES, FL 34113**	

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

0000 - Initial Comments

An unannounced emergency power plan monitoring survey was conducted on 4/16/19 at Manor Care at Lely Palms, an assisted living facility in Fort Myers, Florida.

No deficiencies were found at the time of the visit.