STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965230	R **04/09/2019**
NAME OF PROVIDER OR SUPPLIER **INN OF CYPRESS COVE AT HEALTH PARK**	STREET ADDRESS, CITY, STATE, ZIP CODE **10300 CYPRESS COVE DRIVE** **FORT MYERS, FL 33908**	

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

0000 - Initial Comments

A follow-up by desk review was conducted on 4/9/19 for Inn of Cypress Cove at Health Park, an assisted living facility in Fort Myers, Florida. This follow-up was in response to the re-licensure and extended congregate care monitoring survey which was completed on 1/22/19.

Based on the facility's supporting documentation, the deficiencies were corrected as of 4/9/19.