STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969359	**05/01/2019**
NAME OF PROVIDER OR SUPPLIER **AMERICAN HOUSE FORT MYERS**	STREET ADDRESS, CITY, STATE, ZIP CODE **14001 METRO PKWY** **FORT MYERS, FL 33912**	

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

0000 - Initial Comments

An unannounced limited nursing services survey was conducted on 5/1/19 at American House Fort Myers, an assisted living facility in Fort Myers, Florida.

No deficiencies related to limited nursing services were found at the time of the visit.