

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AL11965026</b>	(X3) DATE SURVEY COMPLETED  <b>12/05/2018</b>
NAME OF PROVIDER OR SUPPLIER <b>BROOKDALE FORT MYERS CYPRESS LAKE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>7460 LAKE BREEZE DRIVE FORT MYERS, FL 33919</b>	

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

**0000 - Initial Comments**

An unannounced extended congregate care survey was conducted on 12/5/18 at Brookdale Fort Myers Cypress Lake, an assisted living facility (license #9430) in Fort Myers, Florida.

No deficiencies were found at the time of the visit.