STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932588	**02/13/2019**
NAME OF PROVIDER OR SUPPLIER **CALUSA HARBOUR**	STREET ADDRESS, CITY, STATE, ZIP CODE **2525 E. FIRST STREET** **FORT MYERS, FL 33901**	

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

0000 - Initial Comments

An unannounced complaint survey for CCR #2019001253 was conducted 2/13/19 at Calusa Harbour, an assisted living facility (license #6066) in Fort Myers, Florida.

The complaint had 2 allegations both of which were unsubstantiated.

No deficiencies were found at the time of the visit.