

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969144	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 02/08/2024
NAME OF PROVIDER OR SUPPLIER PALM VIEW AT GULF COAST VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 1433 SANTA BARBARA BLVD CAPE CORAL, FL 33991			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
{A 000}	Initial Comments A follow-up by desk review was conducted on 2/5/25 through 2/8/24 for Palmview at Gulfcoast Village, an assisted living facility in Cape Coral, Florida. The follow-up was in response to the complaint survey completed on 11/30/23. Based on the facility's plan of correction and supporting documentation, the deficiencies were corrected as of 12/30/23.	{A 000}			

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE