

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 10/22/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965819	(X3) DATE SURVEY COMPLETED 10/16/2013
NAME OF PROVIDER OR SUPPLIER Cape Villa, Inc.	STREET ADDRESS, CITY, STATE, ZIP CODE 4216 Sw 5th Place Cape Coral, FL 33914	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

This is the Biennial survey conducted on 10/16/13 at Cape Villa Inc. an Assisted Living Facility (ALF) located in Cape Coral, Florida.

No deficiencies were cited relevant to the survey during this visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 25, 2013

Administrator
Cape Villa, Inc.
4216 Sw 5th Place
Cape Coral, FL 33914

Dear Administrator:

This letter reports findings of a Biennial survey that was conducted on October 16, 2013 by a representative of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

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Enclosure: State Form

