

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 11/14/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11911767	(X3) DATE SURVEY COMPLETED 11/14/2013
NAME OF PROVIDER OR SUPPLIER Gulf Coast Village Assisted Li	STREET ADDRESS, CITY, STATE, ZIP CODE 1333 Santa Barbara Blvd Cape Coral, FL 33991	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0025-Resident Care - Supervision-11/14/2013

0030-Resident Care - Rights & Facility Procedures-11/14/2013

This is the follow-up to the Complaint Survey CCR# 2013008958 which was completed at Gulf Coast Village Assisted Living, an Assisted Living Facility, on 9/30/13. This follow-up was completed by desk review on 11/14/13. All citations were cleared by this desk review.

0025-Resident Care - Supervision 58A-5.0182(1) FAC

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 14, 2013

Administrator
Gulf Coast Village Assisted Living
1333 Santa Barbara Blvd
Cape Coral, FL 33991

RE: CCR# 2013008958

Dear Administrator:

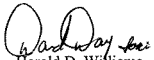
This letter reports the findings of a Complaint survey revisit conducted by desk review on November 14, 2013 by a representative of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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

