STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967913	**12/03/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Cape West	**4616-4614 Sw 7 Pl Cape Coral, FL 33914**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0077-Staffing Standards - Administrators-12/03/2013
0078-Staffing Standards - Staff-12/03/2013
0081-Training - Staff In-Service-12/03/2013
0084-Training - Assis Self-Admin Meds & Med Mgmt-12/03/2013
0090-Training - Do Not Resuscitate Orders-12/03/2013
0161-Records - Staff-12/03/2013

This is the follow-up to the Capacity Increase survey was conducted at Cape West an Assisted Living Facility (ALF) on 11/19/13. This follow-up was completed by desk review on 12/03/13. All citations were cleared by this desk review. Capacity increase recommended.

0077-Staffing Standards - Administrators 58A-5.019(1) FAC

0078-Staffing Standards - Staff 58A-5.019(2) FAC

0081-Training - Staff In-Service 58A-5.0191(2) FAC

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC

0090-Training - Do Not Resuscitate Orders 58A-5.0191(11) FAC

0161-Records - Staff 58A-5.024(2) FAC

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 3, 2013

Administrator
Cape West
4616-4614 Sw 7 Pl
Cape Coral, FL 33914

Dear Administrator:

This letter reports the findings of a Capacity Increase survey revisit conducted on December 3, 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

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Tallahassee, FL 32308
http://ahca.myflorida.com

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