

AGENCY FOR HEALTH CARE  
ADMINISTRATION

PRINTED: 03/07/2014  
FORM APPROVED

|                                                                                                        |                                                                                            |                                                     |
|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11968432</b>                  | (X3) DATE SURVEY COMPLETED<br><br><b>02/28/2014</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>The Village Alf I Corp</b>                                      | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>301 Kamal Parkway<br/>Cape Coral, FL 33904</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) |                                                                                            |                                                     |

On 2/28/14 a Complaint Survey, CCR# 2014002014 was completed at The Village ALF I Corp an Assisted Living Facility (ALF).

The allegations were not substantiated.

At the time of the survey no deficiencies were identified.



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

March 7, 2014

Administrator  
The Village Alf I Corp  
301 Kamal Parkway  
Cape Coral, FL 33904

**Re: CCR #2014002014**

Dear Administrator:

This letter reports the findings of a Complaint survey completed on February 28, 2014 by a representative of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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 contact this office at (239) 335-1315.

Sincerely,

Harold D. Williams  
Field Office Manager

sh

Enclosure: State Form

