STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911654	**04/23/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Juniper Village At Cape Coral	**4920 Viceroy Court Cape Coral, FL 33904**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0008-Admissions - Health Assessment-04/23/2014
0078-Staffing Standards - Staff-04/23/2014
0090-Training - Do Not Resuscitate Orders-04/23/2014

These are the results of the follow-up to the Biennial survey conducted on 3/4/14 through 3/5/14 at Juniper Village, an Assisted Living Facility (ALF) located in Cape Coral, FL. This follow-up was completed by desk review on 4/23/14.

All citations were cleared by this desk-review.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC

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

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

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 23, 2014

Administrator
Juniper Village At Cape Coral
4920 Viceroy Court
Cape Coral, FL 33904

Dear Administrator:

This letter reports the findings of a Biennial survey revisit conducted by desk review on April 23, 2014 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

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

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Fort Myers, FL 33901
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