

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 06/03/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11911767	(X3) DATE SURVEY COMPLETED 05/22/2014
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-05/22/2014
0030-Resident Care - Rights & Facility Procedures-05/22/2014
0165-Risk Mgmt & Qa; Adverse Incident Report-05/22/2014

These are the results of the follow-up to Complaint Survey, CCR# 2014003352 which was conducted on 5/22/14 at Gulf Coast Village Assisted Living Facility (ALF).

All previous citations have been substantially improved or corrected.

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

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

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

0165-Risk Mgmt & QA; Adverse Incident Report 429.23 FS; 58A-5.0241 FAC



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 2, 2014

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

Dear Administrator:

This letter reports the findings of a complaint survey revisit conducted on May 22, 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

sh
Enclosure: State Form

