STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967913	**06/05/2014**
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:
0030-Resident Care - Rights & Facility Procedures-06/05/2014
0052-Medication - Assistance With Self-Admin-06/05/2014
0077-Staffing Standards - Administrators-06/05/2014
0081-Training - Staff In-Service-06/05/2014
0084-Training - Assis Self-Admin Meds & Med Mgmt-06/05/2014
0093-Food Service - Dietary Standards-06/05/2014

This is the follow-up to the Biennial survey which was conducted on 5/5/14 at Cape West, an Assisted Living Facility (ALF).

All previous citations have been substantially improved or corrected.

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

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

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC

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

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

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

0093-Food Service - Dietary Standards 58A-5.020(2) FAC

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 6, 2014

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

Dear Administrator:

This letter reports the findings of a Biennial survey revisit conducted on June 5, 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

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