STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911767	05/22/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Gulf Coast Village Assisted Li	1333 Santa Barbara Blvd Cape Coral, FL 33991	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0008-Admissions - Health Assessment-05/22/2014
0030-Resident Care - Rights & Facility Procedures-05/22/2014
0056-Medication - Labeling And Orders-05/22/2014
0092-Food Service - General Responsibilities-05/22/2014
0093-Food Service - Dietary Standards-05/22/2014
N277-Lns - Resident Care Standards-05/22/2014
N278-Lns - Records-05/22/2014

An unannounced follow-up to Biennial and Limited Nursing Service (LNS) was conducted on 5/22/14 at Gulf Coast Village an Assisted Living Facility (ALF) in Cape Coral, FL.

All previous citations have been substantially improved or corrected.

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

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

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

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC

0092-Food Service - General Responsibilities 58A-5.020(1) FAC

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

N277-LNS - Resident Care Standards 58A-5.031(2) FAC

N278-LNS - Records 58A-5.031(3) FAC

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 3, 2014

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

Dear Administrator:

This letter reports the findings of a Biennial, Limited Nursing Service (LNS) 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

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Enclosure: State Form

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