

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11911654	(X3) DATE SURVEY COMPLETED 06/13/2014
NAME OF PROVIDER OR SUPPLIER Juniper Village At Cape Coral	STREET ADDRESS, CITY, STATE, ZIP CODE 4920 Viceroy Court Cape Coral, FL 33904	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

An initial Limited Nursing Services survey was completed by desk review of submitted materials from 6/5/14 to 6/13/14 for Juniper Village, an Assisted Living Facility.

No deficiencies were identified and the facility is recommended for a Limited Nursing Services specialty license.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 16, 2014

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

Dear Administrator:

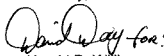
This letter reports findings of a Limited Nursing Service (LNS) survey that was conducted on June 13, 2014 by representative of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

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

Fort Myers Field Office
2295 Victoria Avenue, Room 340
Fort Myers, FL 33901
Phone: (239) 335-1315; Fax: (239) 338-2372
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