STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968416	**08/26/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Joyful Life Assisted Living Inc	**3302 Sw 1st Ave Cape Coral, FL 33914**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

This is the result of a Complaint Survey, CCR# 2014006853 conducted on 8/26/14 at Joyful Life an Assisted Living Facility (ALF) in Cape Coral, Florida.

The Complaint was found to be unsubstantiated.

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

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 4, 2014

Administrator
Joyful Life Assisted Living Inc
3302 Sw 1st Ave
Cape Coral, FL 33914

RE: CCR #2014006853

Dear Administrator:

This letter reports the findings of a complaint survey completed on August 26, 2014 by representatives of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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 surveyors. Should you have any questions, please contact this office at (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

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Enclosure: State Form

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