STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968432	**10/10/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
The Village Alf I Corp	**301 Kamal Parkway Cape Coral, FL 33904**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0077-Staffing Standards - Administrators-10/10/2014
0080-Training - Core & Competency Test-10/10/2014
0161-Records - Staff-10/10/2014

A follow-up to the Biennial and Limited Nursing Service (LNS) survey conducted at The Village Corp I in Cape Coral on 8/25/14 was completed.

This follow-up was completed on 10/10/14 by desk review. All citations were cleared by this desk review..

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

0080-Training - Core & Competency Test 58A-5.0191(1) FAC

0161-Records - Staff 58A-5.024(2) FAC

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 10, 2014

Administrator
The Village Alf I Corp
301 Kamal Parkway
Cape Coral, FL 33904

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on October 10, 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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