STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967710	**12/04/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Windsor Of Cape Coral	**831 Santa Barbara Rd Cape Coral, FL 33991**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0053-Medication - Administration-12/02/2014
0056-Medication - Labeling And Orders-12/02/2014
0057-Medication - Over The Counter (otc) Products-12/02/2014
0093-Food Service - Dietary Standards-12/02/2014

This is the result of an unannounced follow-up survey to CCR# 2014008382 conducted on 12/2/14 at Windsor of Cape Coral an Assisted Living Facility located in Cape Coral, Florida.

The facility was found to have corrected the deficient practice. All citations have been cleared.

0053-Medication - Administration 58A-5.0185(4) FAC

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

0057-Medication - Over The Counter (OTC) Products 58A-5.0185(8) FAC

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

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 8, 2014

Administrator
Windsor Of Cape Coral
831 Santa Barbara Rd
Cape Coral, FL 33991

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on December 4, 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,

Jon Seehawer, R.N.
Acting 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
AHCA.MyFlorida.com