

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967710	(X3) DATE SURVEY COMPLETED 02/05/2015
NAME OF PROVIDER OR SUPPLIER Windsor Of Cape Coral	STREET ADDRESS, CITY, STATE, ZIP CODE 831 Santa Barbara Rd Cape Coral, FL 33991	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0000 - - Initial Comments

Specific Tag Findings:

An unannounced Limited Nursing Service survey conducted on 2/5/15 at Windsor of Cape Coral, an Assisted Living Facility located in Cape Coral, Florida.

There were no deficiencies cited during this visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

February 10, 2015

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

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on February 5, 2015 by a 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,

Jon Seehawer, RN
Acting Field Office Manager

JS:ec

Enclosure: State Form

