STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966983	**02/27/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Omega Assisted Living Facility	**1209 Nw 35th Place Cape Coral, FL 33993**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0008-Admissions - Health Assessment-02/27/2015
0081-Training - Staff In-Service-02/27/2015
0083-Training - First Aid And Cpr-02/27/2015

Specific Tag Findings:
These are the results of a follow-up by desk review to Complaint survey CCR# 2015000344 at Omega Assisted Living Facility, an Assisted Living Facility located in Cape Coral, Florida.

This follow-up was completed on 2/27/15 by reviewing materials sent to the Fort Myers Field Office by the Facility.

All citations were cleared by this desk review.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 2, 2015

Administrator
Omega Assisted Living Facility
1209 Nw 35th Place
Cape Coral, FL 33993

Dear Administrator:

This letter reports the findings of a state licensure survey revisit by desk review conducted on February 27, 2015 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 desk review. **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, RN
Field Office Manager

JS:ec
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