STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968837	R **06/19/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
TZURIEL ASSISTED LIVING FACILITY INC	**2710 NW 6TH ST CAPE CORAL, FL 33993**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A follow-up by desk review was conducted on 6/19/15 for Tzuriel Assisted Living Facility, an Assisted Living Facility (ALF) in Cape Coral, Florida. The follow-up was in response to the initial survey completed on 6/1/15.

Based on the facility's plan of correction and supporting documentation, the deficiency was corrected as of 6/18/15. The facility is recommended for a Standard license with a capacity of 5.

AH Form Approved
6/22/2015

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number
AL11968837

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
6/19/2015

Name of Facility
TZURIEL ASSISTED LIVING FACILITY INC

Street Address, City, State, Zip Code
2710 NW 6TH ST
CAPE CORAL, FL 33993

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix A0160 Reg. # 58A-5.024(1) FAC LSC	06/18/2015	ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	

Reviewed By State Agency — **Reviewed By** [signature], HFES — **Date:** 6-22-15 — **Signature of Surveyor:** [signature] for LAURA WEITS, HFES — **Date:** 6-22-15

Reviewed By CMS RO — **Reviewed By** — **Date:** — **Signature of Surveyor:** — **Date:**

Followup to Survey Completed on:
6/1/2015

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 22, 2015

Administrator
Tzuriel Assisted Living Facility Inc
2710 Nw 6th St
Cape Coral, FL 33993

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted by desk review on June 19, 2015 by a representative of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiency was 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, R.N.
Field Office Manager

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Enclosure: State Form and Revisit Report

DT9D

Fort Myers Field Office
2295 Victoria Avenue, Room 340
Fort Myers, FL 33901
Phone:(239) 335-1315; Fax:(239) 338-2372
AHCA.MyFlorida.com