

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/06/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11911767	(X3) DATE SURVEY COMPLETED R 07/06/2015
NAME OF PROVIDER OR SUPPLIER GULF COAST VILLAGE ASSISTED LI	STREET ADDRESS, CITY, STATE, ZIP CODE 1333 SANTA BARBARA BLVD CAPE CORAL, FL 33991	

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

0000 - Initial Comments

A follow-up by desk review was conducted on 7/6/15 for Gulf Coast Village, an Assisted Living Facility (ALF) located in Cape Coral, Florida.

The follow-up was in response to the Limited Nursing Services survey completed on 5/27/15.

Based on the facility's supporting documentation, the deficiency was corrected as of 7/6/15.

7/6/2015

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA /
Identification Number
AL11911767(Y2) Multiple Construction
A. Building
B. Wing(Y3) Date of Revisit
7/6/2015

Name of Facility

GULF COAST VILLAGE ASSISTED LI

Street Address, City, State, Zip Code

1333 SANTA BARBARA BLVD
CAPE CORAL, FL 33991

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	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
	Correction Completed		Correction Completed		Correction Completed
ID Prefix AN278	07/06/2015	ID Prefix		ID Prefix	
Reg. # 58A-5.031(3) FAC		Reg. #		Reg. #	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix		ID Prefix		ID Prefix	
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix		ID Prefix		ID Prefix	
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix		ID Prefix		ID Prefix	
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix		ID Prefix		ID Prefix	
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix		ID Prefix		ID Prefix	
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	

Reviewed By

Reviewed By

Date:

Signature of Surveyor:

Date:

State Agency

Gulf HES

7-6-15

Signature of Surveyor:

7-6-15

Reviewed By

Reviewed By

Date:

Signature of Surveyor:

Date:

CMS RO

Followup to Survey Completed on:

Check for any Uncorrected Deficiencies. Was a Summary of
Uncorrected Deficiencies (CMS-2567) Sent to the Facility?

YES NO

5/27/2015



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 6, 2015

Administrator
Gulf Coast Village Assisted
1333 Santa Barbara Blvd
Cape Coral, FL 33991

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted by desk review on July 6, 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

sh
Enclosure: State Form and Revisit Report

DT9D

