STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966983	R 07/30/2015
NAME OF PROVIDER OR SUPPLIER **OMEGA ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **1209 NW 35TH PLACE** **CAPE CORAL, FL 33993**	

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

0000 Initial Comments

An unannounced revisit survey was conducted on 7/30/15 at Omega Assisted Living Facility, a Assisted Living Facility (ALF) in Cape Coral, Florida. This was a follow-up to the Complaint Survey, CCR 2015001690 survey completed on 5/18/15.

No deficiencies were found at the time of the revisit.

AH Form Approved
7/31/2015

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number
AL11966983

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
7/30/2015

Name of Facility
OMEGA ASSISTED LIVING FACILITY

Street Address, City, State, Zip Code
1209 NW 35TH PLACE
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 **A0025** Reg. # **429.26(7) FS; 58A-5.0182(1** LSC	**06/18/2015**	ID Prefix **A0079** Reg. # **58A-5.019(3) FAC** LSC	**06/18/2015**	ID Prefix **A0165** Reg. # **429.23(1-4 & 6-10) FS; 58A** 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	

Reviewed By	Reviewed By	Date:	Signature of Surveyor:	Date:
State Agency	LW	7.31.15	Laura Wertz for Tim Elias	7-31-15
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:

Followup to Survey Completed on:
5/18/2015

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

July 31, 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 conducted on July 30, 2015 by representative(s) 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(s). Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Laura Watts for

Jon Seehawer, R.N
Field Office Manager

sh
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