STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966983	**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 Relicensure survey was conducted on 7/30/15 in conjunction with a revisit survey to Complaint Survey, CCR 2015001690 completed on 5/18/15 at Omega Assisted Living Facility, an Assisted Living Facility (ALF) in Cape Coral, Florida.

No deficiencies were found at the time of the visit.

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 findings of a state licensure survey that was conducted on July 30, 2015 by representative(s) 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(s). 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

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