

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 09/17/2015
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968274	(X3) DATE SURVEY COMPLETED 09/10/2015
NAME OF PROVIDER OR SUPPLIER CAPE CORAL SHORES	STREET ADDRESS, CITY, STATE, ZIP CODE 1318 SANTA BARBARA BLVD CAPE CORAL, FL 33991	

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

0000 Initial Comments

An unannounced abbreviated Relicensure survey was conducted 9/10/15 at Cape Coral Shores, an Assisted Living Facility in Cape Coral, Florida.

No deficiencies were found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 17, 2015

Administrator
Cape Coral Shores
1318 Santa Barbara Blvd
Cape Coral, FL 33991

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on September 10, 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,

Laura Werts for
Jon Seehawer, R.N.
Field Office Manager

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Enclosure: State Form

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