

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/29/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953472	(X3) DATE SURVEY COMPLETED R 10/21/2015
NAME OF PROVIDER OR SUPPLIER CAPE CHATEAU INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 804 S.E. 16TH PLACE CAPE CORAL, FL 33990	

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

0000 Initial Comments

An unannounced revisit to the Biennial survey was conducted on 10/21/15 at Cape Chateau Inc., an assisted living facility in Cape, Florida.

All deficiencies were cleared and no new deficiencies were found at the time of the visit.

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11953472	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 10/21/2015
Name of Facility CAPE CHATEAU INC.	Street Address, City, State, Zip Code 804 S.E. 16TH PLACE CAPE CORAL, FL 33990	

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
ID Prefix A0054 Reg. # 58A-5.0185(5) FAC LSC	Correction Completed 10/21/2015	ID Prefix A0093 Reg. # 58A-5.020(2) FAC LSC	Correction Completed 10/21/2015	ID Prefix A0181 Reg. # 58A-5.026(2) FAC LSC	Correction Completed 10/21/2015
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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Reviewed By
State Agency
Reviewed By
CMS RO

Reviewed By

Reviewed By

Date:
10-29-15
Date:

Signature of Surveyor: 
Jan Allen, AFE II
Signature of Surveyor:

Date:
10-29-15
Date:

Followup to Survey Completed on:
8/17/2015

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

October 29, 2015

Administrator
Cape Chateau Inc.
804 S.E. 16th Place
Cape Coral, FL 33990

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on October 21, 2015 by a representative 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. 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

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