STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911654	11/10/2015
NAME OF PROVIDER OR SUPPLIER **JUNIPER VILLAGE AT CAPE CORAL**	STREET ADDRESS, CITY, STATE, ZIP CODE **4920 VICEROY COURT** **CAPE CORAL, FL 33904**	

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

0000 Initial Comments

An unannounced Complaint Survey, CCR# 2015008510 was conducted 11/10/15 at Juniper Village at Cape Coral, an assisted living facility in Cape Coral, Florida.

The complaint contained 3 allegations which were unsubstantiated. No deficiencies were found at the time of the visit.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 19, 2015

Administrator
Juniper Village At Cape Coral
4920 Viceroy Court
Cape Coral, FL 33904

RE: CCR #2015008510

Dear Administrator:

This letter reports the findings of a complaint survey completed on November 10, 2015 by representative(s) of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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 contact this office at (239) 335-1315.

Sincerely,

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

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Enclosure: State Form

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