STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965819	R / /

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAPE VILLA, INC.	4216 SW 5TH PLACE CAPE CORAL, FL 33914

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

0000 Initial Comments

An unannounced revisit survey was conducted on / / at Cape Villa, an assisted living Facility in Cape Coral, Florida. This was a follow up to a Biennial survey completed on .

Four deficiencies were corrected, however 1 deficiency remains. The following is a description of the deficiency.

0078 Staffing Standards - Staff

Based on record review and staff interview, the facility failed to ensure 1 (Staff C) of 3 staff had annual documentation of Freedom of ( ).

The findings included:

Record review for Staff C on / / at 10:45 a.m., found the last documentation in the record of Freedom from was dated .

On / / at 11:30 a.m., the Administrator said the annual form had not been completed, and that she will have Staff C get this form completed.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Cape Villa, Inc.
4216 Sw 5th Place
Cape Coral, FL 33914

Dear Administrator:

This letter reports the findings of a State Licensure Revisit Survey conducted on 19, 2015 by a representative of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies corrected during the visit, uncorrected deficiencies and/or new deficiencies that were identified on the day of the visit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2015.**

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

YOSF

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