AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965819	R **12/23/2015**

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

A second follow-up was completed by desk review on 12/23/15 for Cape Villa, an Assisted Living Facility in Cape Coral, Florida.

This second follow-up was in response to the first follow-up completed on 11/19/15 and the Biennial survey completed on 10/15/15.

Based on the facility's supporting documentation, the deficiency was corrected as of 12/23/15.

AH Form Approved
12/23/2015

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11965819	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 12/23/2015
Name of Facility CAPE VILLA, INC.		Street Address, City, State, Zip Code 4216 SW 5TH PLACE CAPE CORAL, FL 33914

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 A0078 Reg. # 58A-5.019(2) FAC LSC	Correction Completed 12/23/2015	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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 [signature]	Date: 12-23-15	Signature of Surveyor: [signature], HFES	Date: 12-23-15
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:
Followup to Survey Completed on: 9/15/2015			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

December 23, 2015

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

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted by desk review on December 23, 2015 by a representative of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiency was found corrected on the day of the desk review. **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

DT9D

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Fort Myers, FL 33901
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