STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911767	05/19/2016
NAME OF PROVIDER OR SUPPLIER **GULF COAST VILLAGE ASSISTED LI**	STREET ADDRESS, CITY, STATE, ZIP CODE **1333 SANTA BARBARA BLVD CAPE CORAL, FL 33991**	

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

0000 Initial Comments

An unannounced Complaint survey, CCR #2016004714 was conducted 5/19/16 at Gulf Coast Village, an Assisted Living Facility in Cape Coral Florida.

The complaint contained 1 allegation which was substantiated without deficiency.

No deficiencies were found at the time of the visit.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 27, 2016

Administrator
Gulf Coast Village Assisted Living
1333 Santa Barbara Blvd
Cape Coral, FL 33991

RE: CCR #2016004714

Dear Administrator:

This letter reports the findings of a complaint survey completed on May 19, 2016 by a representative 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. Should you have any questions, please contact this office at (239) 335-1315.

Sincerely,

Jon Seehawer, R.N.
Field Office Manager

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Enclosure: State Form

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