STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964874	**05/26/2016**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE CAPE CORAL**	STREET ADDRESS, CITY, STATE, ZIP CODE **1416 COUNTRY CLUB BLVD** **CAPE CORAL, FL 33990**	

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

0000 Initial Comments

An unannounced complaint survey for CCR #2016005269 and CCR #2016005461 was conducted 5/17/16 through 5/26/16 at Brookdale Cape Coral, an Assisted Living Facility with license number 9358, located in Cape Coral, Florida.

Complaint CCR #2016005269 contained 1 allegation which was substantiated without deficiency.

-Complaint CCR #2016005461 contained 2 allegations of which 1 was substantiated without deficiency and 1 was unsubstantiated.

No deficiencies were found at the time of the visit.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 2, 2016

Administrator
Brookdale Cape Coral
1416 Country Club Blvd
Cape Coral, FL 33990

RE: CCR #2016005461 & 2016005296

Dear Administrator:

This letter reports the findings of a complaint survey completed on May 26, 2016 by representatives 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 surveyors. 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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