STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967710	**12/29/2016**
NAME OF PROVIDER OR SUPPLIER **WINDSOR OF CAPE CORAL**	STREET ADDRESS, CITY, STATE, ZIP CODE **831 SANTA BARBARA RD** **CAPE CORAL, FL 33991**	

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

0000 - Initial Comments

An unannounced complaint survey for CCR# 2016011337 was conducted on 12/27/16 through 12/29/16 at The Windsor at Cape Coral, an assisted living facility (license #11678) in Cape Coral, Florida.

The complaint contained 5 allegations, none of which 1 were substantiated. No deficiencies related to the complaint were identified during the survey.

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RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

December 30, 2016

Administrator
Windsor Of Cape Coral
831 Santa Barbara Rd
Cape Coral, FL 33991

RE: CCR #2016011337

Dear Administrator:

This letter reports the findings of a complaint survey completed on December 29, 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, RN
Field Office Manager

JS:ec
Enclosure: State (5000-3547) Form

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Fort Myers Field Office
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Fort Myers, FL 33901
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