STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953472	**05/17/2017**
NAME OF PROVIDER OR SUPPLIER **CAPE CHATEAU INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **804 S.E. 16TH PLACE** **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 # 2017001510 was conducted 5/17/17 at Cape Chateau, an assisted living facility (license # 8573) located in Cape Coral, Florida.

The complaint contained 1 allegation, which was unsubstantiated.

No deficiencies were identified at the time of the survey.