

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/31/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953472	(X3) DATE SURVEY COMPLETED 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 relicensure survey was conducted on 5/17/17 at Cape Chateau Inc., an assisted living facility (license # 8573) located in Cape Coral, Florida.

No deficiencies found at the time of the visit.