STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968274	**08/14/2017**
NAME OF PROVIDER OR SUPPLIER **CAPE CORAL SHORES**	STREET ADDRESS, CITY, STATE, ZIP CODE **1318 SANTA BARBARA BLVD** **CAPE CORAL, FL 33991**	

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

0000 - Initial Comments

An unannounced abbreviated re-licensure survey was conducted on 8/14/17 at Cape Coral Shores, an assisted living facility (license # 12176) in Cape Coral, Florida.

No deficiencies were found at the time of the visit.