STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966983	R **09/19/2017**
NAME OF PROVIDER OR SUPPLIER **OMEGA ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **1209 NW 35TH PLACE** **CAPE CORAL, FL 33993**	

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

0000 - Initial Comments

An unannounced revisit survey was conducted on 9/19/17 at Omega Assisted Living Facility, an assisted living facility (license #11174) located in Cape Coral, Florida.
This was a follow-up to the relicensure survey completed on 5/16/17.

The previous deficiencies were found corrected and no new deficiencies were identified.