| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11965819** | R<br>**12/01/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**CAPE VILLA, INC.** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**4216 SW 5TH PLACE**<br>**CAPE CORAL, FL 33914** | |

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

**0000 - Initial Comments**

A follow-up by desk review was conducted on 12/1/17 for Cape Villa, Inc., an assisted living facility (license #10148), located at Cape Coral, Florida.

The follow-up was in response to the relicensure survey which was conducted on 9/27/17.

Based on the facility's supporting documentation, the deficiencies were corrected as of 12/1/17.