| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11969308** | R<br>**04/26/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**GOLDEN YEARS ASSISTED LIVING FACILITY** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**401 SW 44TH ST**<br>**CAPE CORAL, FL 33914** | |

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

**0000 - Initial Comments**

An announced revisit was completed on 4/26/18 to 4/27/18 at Golden Years Assisted Living Facility (license pending) in Cape Coral, Florida. This is a revisit to the initial licensure survey of 3/21/18.

The deficiencies previously cited were found to be corrected.

Golden Years Assisted Living Facility is recommended for a standard license with a capacity of 6. The facility elected to drop the request for a Limited Nursing Services license.