STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967913	R **05/28/2018**
NAME OF PROVIDER OR SUPPLIER **CAPE WEST**	STREET ADDRESS, CITY, STATE, ZIP CODE **4616-4614 SW 7 PL** **CAPE CORAL, FL 33914**	

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

0000 - Initial Comments

A second follow-up by desk review was conducted on 5/11/18 through 5/28/18 for Cape West, an assisted living facility (license #11886) in Cape Coral, Florida. The second follow-up was in response to the relicensure survey completed on 1/2/18 and a first follow-up on 3/13/18.

Based on the facility's plan of correction and supporting documentation, the deficiencies were corrected as of 5/28/18.