STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953472	**11/08/2018**
NAME OF PROVIDER OR SUPPLIER **CAPE CHATEAU INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **804 S.E. 16TH PLACE** **CAPE CORAL, FL 33990**	

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

0000 - Initial Comments

An unannounced emergency power plan monitoring visit was conducted on 11/08/18 at Cape Chateau, an assisted living facility (license #8573), in Cape Coral, Florida.

No deficiencies were found at the time of the visit.