

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/04/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965819	(X3) DATE SURVEY COMPLETED 01/03/2019
NAME OF PROVIDER OR SUPPLIER CAPE VILLA, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 4216 SW 5TH PLACE CAPE CORAL, FL 33914	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced emergency power plan monitoring survey was conducted at Cape Villa, Inc., an assisted living facility (license #10148), in Cape Coral, Florida. The following is description of the deficiencies. 0200 - Emergency Environmental Control - 58A-5.036 FAC Based on record review, interview and observation the facility failed to implement it's Emergency Power Plan. Findings included: On at 9:15 a.m., it was observed the facility had no fuel on to run their generator. Record review found the facility had no documentation of fuel needed to run their generator for 48 hours. On at 10:15 a.m., the Manger said they are waiting for the licensed electrician to complete the generator access point. She said they do not have any fuel for the generator on site. Class III		