STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967913	**01/03/2019**
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

An unannounced emergency power plan monitoring survey was conducted . . . . . at Cape West, LLC, an assisted living facility (license #11886) in Cape Coral, Florida.

The following is description of the deficiency.

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on observation, record review, and staff interview the facility failed to implement it's Emergency Power Plan.

The findings included:

On . . . . . at 11:15 a.m., it was observed that 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 11:45 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