STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969308	**03/07/2019**
NAME OF PROVIDER OR SUPPLIER **GOLDEN YEARS ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **401 SW 44TH ST** **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 on 03/07/19 at Golden Years Assisted Living Facility, an assisted living facility (license #13162) in Cape Coral, Florida.

No deficiencies were found at the time of the visit.