

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969308	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 01/21/2020
NAME OF PROVIDER OR SUPPLIER LA COLONIA V ALF, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 401 SW 44TH ST CAPE CORAL, FL 33914			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
A 000	Initial Comments A follow-up by desk review was conducted on 1/21/20 for La Colonia V ALF, Inc., an assisted living facility in Cape Coral, Florida. The follow-up was in response to the change of ownership and emergency power plan monitoring survey which was conducted 11/19/19 through 11/20/19. Based on the facility's plan of correction and supporting documentation, the deficiencies were corrected as of 1/21/20. Recommend facility receive a standard license effective 1/21/20.	A 000			

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE