

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11970189	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 09/26/2023
NAME OF PROVIDER OR SUPPLIER CARING HANDS ALF LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 710 NORTH AVE LEHIGH ACRES, FL 33972		
(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 An announced initial licensure, generator and visitation monitoring was completed on 9/26/23 at Caring Hands ALF LLC, an assisted living facility in Lehigh Acres, Florida. Caring Hands ALF LLC, is recommended for a Standard License with a capacity of 5 and a Adult Day Care of 3 effective 9/25/23.	A 000			

AHCA Form 3020-0001

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

TITLE

(X6) DATE