

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967943	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 07/16/2012
NAME OF PROVIDER OR SUPPLIER LA COLONIA 1 ALF INC		STREET ADDRESS, CITY, STATE, ZIP CODE 830 NE 10TH LN CAPE CORAL, FL 33909		
(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)	
{A 000}	Initial Comments This is the follow-up to the Biennial, Limited Nursing Services, and Limited Mental Health Services survey conducted on 7/16/12 at LaColonia ALF Inc., an Assisted Living Facility with a census of 4 residents. No residents were receiving LNS or LMHS. All previous citations have been substantially improved or corrected. No deficiencies were cited relevant to the survey during this visit.	{A 000}		

AHCA Form 3020-0001

TITLE

(X6) DATE

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

STATE FORM

6899

JOG112

If continuation sheet 1 of 1

7/24/2012

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA /
Identification Number
AL11967943(Y2) Multiple Construction
A. Building
B. Wing(Y3) Date of Revisit
7/16/2012

Name of Facility

LA COLONIA 1 ALF INC

Street Address, City, State, Zip Code

830 NE 10TH LN
CAPE CORAL, FL 33909

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix A0008	Correction Completed 07/16/2012	ID Prefix A0010	Correction Completed 07/16/2012	ID Prefix A0056	Correction Completed 07/16/2012
Reg. # 58A-5.0181(2) FAC		Reg. # 58A-5.0181(4) FAC		Reg. # 58A-5.0185(7) FAC	
LSC		LSC		LSC	
ID Prefix A0160	Correction Completed 07/16/2012	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. # 58A-5.024(1) FAC		Reg. #		Reg. #	
LSC		LSC		LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	

Reviewed By

Reviewed By

Date:

Signature of Surveyor:

Date:

State Agency

D. J. HFE

7-24-12

Jenny Alter, HFE II

7-24-12

Reviewed By

Reviewed By

Date:

Signature of Surveyor:

Date:

CMS RO

Followup to Survey Completed on:

5/9/2012

Check for any Uncorrected Deficiencies. Was a Summary of
Uncorrected Deficiencies (CMS-2567) Sent to the Facility?

YES NO



RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

July 24, 2012

Administrator
La Colonia 1 Alf Inc
830 Ne 10th Ln
Cape Coral, FL 33909

Dear Administrator:

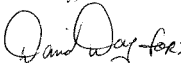
This letter reports the findings of a Biennial, Limited Nursing Services and Limited Mental Health Services survey revisit conducted on July 16, 2012 by a representative of this office.

Attached is the provider's copy of the Revisit Report, which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call this office at (239) 335-1315.

Sincerely,



Harold D. Williams
Field Office Manager

bw
Enclosure

