Agency for Health Care Administration

REVISED
February 28, 2013

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11968426	A. BUILDING _____ B. WING _____	02/13/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LA COLONIA II ALF INC	**637-639 SE 12TH CT CAPE CORAL, FL 33990**

(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 This is to report the results to an announced Initial Licensure survey with Limited Nursing Services conducted on 2/13/13 at La Colonia II, an Assisted Living Facility (ALF) in Cape Coral, FL. The census on the day of the survey was 0. All required elements are in place to open this facility. Recommend licensure.	A 000		

AHCA Form 3020-0001

TITLE (X6) DATE

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

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

February 28, 2013

Administrator
La Colonia II ALF Inc.
637-639 Se 12th Ct
Cape Coral, FL 33990

RE: REVISED

Dear Administrator:

Enclosed you will find the REVISED State (3020) Form showing an Initial Licensure survey with Limited Nursing Services was completed for an Assisted Living Facility on February 13, 2013.

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

Enclosure: Revised State (3020) Form

2727 Mahan Drive • Mail Stop #1
Tallahassee, FL 32308

Fort Myers HQA Office
Area Office 08
2295 Victoria Ave, Room 340
Fort Myers, FL 33901