Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11967975	A. BUILDING: _____ B. WING _____	R 04/03/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOGAR DULCE HOGAR	5597 WENDY LN NAPLES, FL 34112

(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 an unannounced second follow-up to the Biennial and Limited Nursing Service (LNS) and Limited Mental Health (LMH) survey, completed on 4/03/13 at Hogar Dulce Hogar an Assisted Living Facility (ALF), located at 5597 Wendy lane, Naples, FL., 34112. The facility census during the survey is 6 residents, with 1 resident receiving Limited Nursing Services, and 5 residents receiving Limited Mental Health services. 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: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11967975	A. Building B. Wing	4/3/2013

Name of Facility	Street Address, City, State, Zip Code
HOGAR DULCE HOGAR	5597 WENDY LN NAPLES, FL 34112

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 A0004 Reg. # 58A-5.016 FAC LSC	Correction Completed 04/02/2013	ID Prefix A0008 Reg. # 58A-5.0181(2) FAC LSC	Correction Completed 04/02/2013	ID Prefix A0009 Reg. # 58A-5.0181(3) FAC LSC	Correction Completed 04/03/2013
ID Prefix A0026 Reg. # 58A-5.0182(2) FAC LSC	Correction Completed 04/02/2013	ID Prefix A0083 Reg. # 58A-5.0191(4) FAC LSC	Correction Completed 04/02/2013	ID Prefix A0084 Reg. # 58A-5.0191(5) FAC LSC	Correction Completed 04/02/2013
ID Prefix A0161 Reg. # 58A-5.024(2) FAC LSC	Correction Completed 04/02/2013	ID Prefix AZ815 Reg. # 408.809, 435.02(2), 435.06 LSC	Correction Completed 04/02/2013	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By State Agency	Reviewed By	Date:	Signature of Surveyor:	Date:
	Wanda Key, HFES	4-12-13	Chad Herbert, RHS	4-12-13
Reviewed By CMS RO	**Reviewed By**	**Date:**	**Signature of Surveyor:**	**Date:**

Followup to Survey Completed on:		Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility?	YES	NO
9/25/2012				

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

April 12, 2013

Administrator
Hogar Dulce Hogar
5597 Wendy Lane
Naples, FL 34112

Dear Administrator:

This letter reports the findings of a second state licensure survey revisit conducted on April 3, 2013 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

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Enclosures: State Form and Revisit Report

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