STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968023	**07/29/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Casa De La Rosa	**833 Eisenhower Blvd Lehigh Acres, FL 33974**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0056-Medication - Labeling And Orders-07/29/2013

Revisit Repeat Tags:
0181-Emergency Mgmt - Plan Approval-58a-5.026(2) Fac

This is the second follow-up to the Biennial survey conducted on 1/2/13 , with a follow-up on 4/23/13. This follow-up conducted on 7/29/13 was completed in conjunction with a complaint survey for CCR# 2013007366.

The facility is not in compliance. A 0181 was re-cited.

The following is a description of non-compliance:

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC

0181-Emergency Mgmt - Plan Approval 58A-5.026(2) FAC

Based on record review and staff interview, the facility Administrator failed to have an Emergency Management Plan that was reviewed and approved by the county.

The findings include:

Interview with the facility Administrator on at 4:45 p.m., reported the facility had submitted an emergency management plan to the county and it was not yet been approved. The facility had the first resident admitted on Currently there are 3 residents residing at the home.

This deficiency was cited on the survey and again on

The Administrator continued to explain that her plan was denied for missing information and she continues to revise the plan. She stated the fire marshal gave her a satisfactory inspection on The Administrator confirmed on the day of the survey there was no plan approved by the county emergency management agency and she is still working on it.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Casa De La Rosa
833 Eisenhower Blvd
Lehigh Acres, FL 33974

Dear Administrator:

This letter reports the findings of a **second** State Licensure Revisit Survey conducted on 29, 2013 by a representative of this office.

You are directed to provide a plan of correction to the Fort Myers Field Office for the identified uncorrected deficiency. The plan should be directed to the attention of Mr. Harold Williams, Field Office Manager and mailed to:

Agency for Health Care Administration

Health Quality Assurance, Fort Myers Field Office

2295 Victoria Avenue, Suite 340

Fort Myers, FL 323901

Phone: (239) 335-1315

Fax: (239) 338-2372

The survey resulted in findings of noncompliance with the following area:

1) A0181 Emergency Management – Plan Approval. Class III, uncorrected.

The facility failed to have an Emergency Management Plan that was reviewed and approved by the county.

Your directed plan of correction must include the following:

1) Confer with the Lee County Emergency Management Agency no later than , 2013 and establish exactly what information is needed to complete the facility emergency management plan. Provide this information to the Lee County Emergency Management Agency by no later than 2013.

A Directed Plan of Correction is not intended as the sole intervention(s) to be instituted by a provider, but is intended to impose directed interventions to address immediate concerns with identified deficient practice.

Please be advised that nothing in this DPOC limits the Agencies authority and responsibility to impose administrative sanctions as provided by law.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiency that was corrected during the visit and the uncorrected deficiency that was identified on the day of the visit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **This uncorrected deficieny shall be corrected no later than , 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

sh
Enclosure: State Form