

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

These are the results of Complaint Survey, CCR# 2013007366, which was conducted on 7/29/13 at Casa De La Rosa an Assisted Living Facility (ALF). This was done in conjunction with a second follow-up to the Biennial.

The allegation was not confirmed.

No deficiencies were cited relevant to the survey during this visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 5, 2013

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

Re: CCR #2013007366

Dear Administrator:

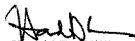
This letter reports the findings of a Complaint survey completed on July 29, 2013 by a representative of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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 contact this office at (239) 335-1315.

Sincerely,


Harold D. Williams
Field Office Manager

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Enclosure: State Form

Headquarters
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