

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 08/26/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967975	(X3) DATE SURVEY COMPLETED 08/13/2013
NAME OF PROVIDER OR SUPPLIER Hogar Dulce Hogar	STREET ADDRESS, CITY, STATE, ZIP CODE 5597 Wendy Ln Naples, FL 34112	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

This is the result of an unannounced Limited Nursing Services (LNS) survey conducted on 8/13/13 at Hogar Dulce Hogar, an Assisted Living Facility, located in Naples, Florida. At the time of the survey there were no residents receiving LNS services. There were no other deficiencies noted during this survey visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 26, 2013

Administrator
Hogar Dulce Hogar
5597 Wendy Lane
Naples, Florida 34112

Dear Administrator:

This letter reports findings of a Limited Nursing Services survey that was conducted on August 13, 2013 by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

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(s). Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

HW:ss

Enclosure: State Form

