

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 09/13/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968023	(X3) DATE SURVEY COMPLETED 09/13/2013
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)		

Revisit Corrected Tags:

0181-Emergency Mgmt - Plan Approval-09/09/2013

This is a follow-up to the Biennial survey conducted on 1/2/13. This follow-up was completed by desk review on 9/13/13. The citation was cleared by this desk review.

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 13, 2013

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

Dear Administrator:

This letter reports the findings of a third Biennial survey revisit conducted by desk review on September 13, 2013 by a representative of this office.

Attached is the provider's copy of the State Form (5000-3547), 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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Enclosure: State Form

