STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967720	**10/03/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Rosa's Caring Heart	**2873 Sw Us 221 Madison, FL 32340**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

On October 3, 2013 an unannounced Limited Nursing Services (LNS) monitoring visit was conducted at Rosa's Caring Heart, 2873 **NW** US 221, Greenville, Florida. The facility currently had no residents requiring LNS services. The facility had no deficiencies at the time of the survey.

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 8, 2013

Administrator
Rosa's Caring Heart
2873 Sw Us 221
Madison, FL 32340

Dear Administrator:

This letter reports findings of a state licensure limited nursing services survey that was conducted on October 3, 2013 by a representative 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. Should you have any questions please call me at 850-412-4540.

Sincerely,

for Patricia M. Heiberg RNC
Donah Heiberg, M.S.W.
Field Office Manager

DH/pm
Enclosure

1GGN

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