| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11968023** | **03/12/2014** |
| 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:**
0081-Training - Staff In-Service-03/12/2014
0121-Fiscal - Accounting Procedures-03/12/2014
0161-Records - Staff-03/12/2014
Z815-Background Screening; Prohibited Offenses-03/12/2014

This is the follow up to Complaint Survey, CCR# 2014000075 which was conducted on 3/12/14 at Casa De La Rosa an Assisted Living Facility (ALF), in Lehigh Acres, FL.

All previous citations have been substantially improved or corrected.

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

0081-Training - Staff In-Service 58A-5.0191(2) FAC

0121-Fiscal - Accounting Procedures 58A-5.021(2) FAC

0161-Records - Staff 58A-5.024(2) FAC

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 13, 2014

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

**RE: CCR# 2014000075**

Dear Administrator:

This letter reports the findings of a Complaint survey revisit conducted on March 12, 2014 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

sh
Enclosure: State Form

Headquarters
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Tallahassee, FL 32308
http://ahca.myflorida.com

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