STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967943	**05/28/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
La Colonia 1 Alf Inc	**830 Ne 10th Ln Cape Coral, FL 33909**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

This is to report the findings of an unannounced Biennial, Limited Nursing Service (LNS) and Limited Mental Health (LMH) survey conducted on 5/28/14 at La Colonia, an Assisted Living Facility (ALF) in Cape Coral, FL. The Census at the time of the survey was 3 residents.

The survey included a standard license survey, a LNS survey and a LMH survey. The facility did not have any residents on LNS or LMH services at the time of the survey.

There were no deficiencies cited during this survey.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 3, 2014

Administrator
La Colonia 1 Alf Inc
830 Ne 10th Ln
Cape Coral, FL 33909

Dear Administrator:

This letter reports findings of a Biennial, Limited Nursing Service (LNS) and Limited Mental Health (LMH) survey that was conducted on May 28, 2014 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 this office at (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

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Enclosure: State Form

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