STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967975	**06/09/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Hogar Dulce Hogar	**5597 Wendy Ln Naples, FL 34112**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

An unannounced Limited Nursing Service (LNS) survey was conducted on 6/9/14 at Hogar Dulce Hogar, an Assisted Living Facility (ALF) in Naples, FL.

No deficiencies were noted and no citations were given.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 16, 2014

Administrator
Hogar Dulce Hogar
5597 Wendy Ln
Naples, FL 34112

Dear Administrator:

This letter reports findings of a Limited Nursing Service (LNS) survey that was conducted on June 9, 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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