

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967720	(X3) DATE SURVEY COMPLETED 11/20/2014
NAME OF PROVIDER OR SUPPLIER Rosa's Caring Heart	STREET ADDRESS, CITY, STATE, ZIP CODE 2873 Sw Us 221 Madison, FL 32340	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

On 11/20/14 an unannounced complaint survey CCR 2014011269 was conducted at Rosa's Caring Heart in Greenville. No deficiencies were cited.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 26, 2014

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

RE: CCR #2014011269

Dear Administrator:

This letter reports the findings of a complaint survey completed on November 20, 2014 by representative(s) of this office. Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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(s). Should you have any questions, please contact me at 850-412-4540.

Sincerely,

Donah Heiberg
Field Office Manager

DH/dh
Enclosure

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