| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11967975** | **11/12/2014** |
| 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) | | |

**Revisit Corrected Tags:**
0008-Admissions - Health Assessment-11/12/2014
0056-Medication - Labeling And Orders-11/12/2014
0057-Medication - Over The Counter (otc) Products-11/12/2014
0081-Training - Staff In-Service-11/12/2014
0090-Training - Do Not Resuscitate Orders-11/12/2014
N278-Lns - Records-11/12/2014

An unannounced follow-up to the Biennial, Limited Nursing Service (LNS) and Limited Mental Health (LMH) survey was conducted at Hogar Dulce Hogar an Assisted Living Facility (ALF) located in Naples, Florida on 11/12/14 for a survey completed on 10/02/14.

All previous deficiencies have been corrected at the time of the follow-up.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC

0057-Medication - Over The Counter (OTC) Products 58A-5.0185(8) FAC

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

0090-Training - Do Not Resuscitate Orders 58A-5.0191(11) FAC

N278-LNS - Records 58A-5.031(3) FAC

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 21, 2014

Administrator
Hogar Dulce Hogar
5597 Wendy Ln
Naples, FL 34112

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on November 12, 2014 by representatives 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 surveyors. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Jon Seehawer, R.N.
Acting Field Office Manager

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Enclosure: State Form

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