STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968426	**12/08/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
La Colonia Ii Alf Inc	**637-639 Se 12th Ct Cape Coral, FL 33990**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0008-Admissions - Health Assessment-12/08/2014
0077-Staffing Standards - Administrators-12/08/2014
0160-Records - Facility-12/08/2014

These are the results of a follow-up to the Biennial with Limited Nursing Services (LNS) survey conducted at La Colonia II, an Assisted Living Facility (ALF) located in Cape Coral, Florida.

This follow-up was completed by desk review on 12/8/14. All citations were cleared by this desk review.

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

0077-Staffing Standards - Administrators 58A-5.019(1) FAC

0160-Records - Facility 58A-5.024(1) FAC

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 8, 2014

Administrator
La Colonia Ii Alf Inc
637-639 Se 12th Ct
Cape Coral, FL 33990

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted by desk review on December 8, 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,

Jon Seehawer, R.N.
Acting Field Office Manager

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Enclosure: State Form

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