

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/15/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966892	(X3) DATE SURVEY COMPLETED R 06/11/2015
NAME OF PROVIDER OR SUPPLIER HANNAH'S HEART ASSISTED LIVING FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 1909 NW 12TH AVE CAPE CORAL, FL 33993	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		

0000 - Initial Comments

An unannounced revisit to the Biennial survey was conducted on 6/11/15 at Hannah's Heart, an Assisted Living Facility (ALF) in Cape Coral, Florida. This was a follow-up to the Biennial survey on 4/23/15.

All deficiencies were cleared and no deficiencies were found at the time of this survey.

6/15/2015

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA /
Identification Number
AL11968892(Y2) Multiple Construction
A. Building
B. Wing(Y3) Date of Revisit
6/11/2015

Name of Facility

HANNAH'S HEART ASSISTED LIVING FACILITY

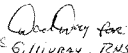
Street Address, City, State, Zip Code

1909 NW 12TH AVE
CAPE CORAL, FL 33993

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
	Correction Completed		Correction Completed		Correction Completed
ID Prefix A0007	06/10/2015	ID Prefix A0025	06/10/2015	ID Prefix A0030	06/10/2015
Reg. # 429.26(11) FS: 58A-5.0181(LSC		Reg. # 429.26(7) FS: 58A-5.0182(1LSC		Reg. # 58A-5.0182(6) FAC: 429.28LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix A0053	06/10/2015	ID Prefix A0055	06/10/2015	ID Prefix A0056	06/10/2015
Reg. # 58A-5.0185(4) FACLSC		Reg. # 58A-5.0185(6) FACLSC		Reg. # 58A-5.0185(7) FACLSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix A0092	06/10/2015	ID Prefix A0152	06/10/2015	ID Prefix A0161	06/10/2015
Reg. # 58A-5.020(1) FACLSC		Reg. # 58A-5.023(3) FACLSC		Reg. # 429.275(2) FS: 58A-5.024(2LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix A0162	06/10/2015	ID Prefix		ID Prefix	
Reg. # 58A-5.024(3) FACLSC		Reg. #LSC		Reg. #LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix		ID Prefix		ID Prefix	
Reg. #LSC		Reg. #LSC		Reg. #LSC	

Reviewed By
State Agency
Reviewed By
CMS ROReviewed By

Reviewed ByDate:
6-15-15
Date:Signature of Surveyor: 
CLARE MC GILLIVRAY, RMS
Signature of Surveyor:Date:
6-15-15
Date:

Followup to Survey Completed on:

4/23/2015

Check for any Uncorrected Deficiencies. Was a Summary of
Uncorrected Deficiencies (CMS-2567) Sent to the Facility?

YES NO



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 15, 2015

Administrator
Hannah's Heart Assisted Living Facility
1909 Nw 12th Ave
Cape Coral, FL 33993

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on June 11, 2015 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.
Field Office Manager

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Enclosure: State Form

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