

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/03/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967720	(X3) DATE SURVEY COMPLETED 09/01/2015
NAME OF PROVIDER OR SUPPLIER ROSA'S CARING HEART	STREET ADDRESS, CITY, STATE, ZIP CODE 2873 NW US 221 MADISON, FL 32340	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

On September 1, 2015 a monitoring visit was conducted at Rosa's Caring Heart assisted living facility. There were no deficiencies identified at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 3, 2015

Administrator
Rosa's Caring Heart
2873 Nw Us 221
Madison, FL 32340

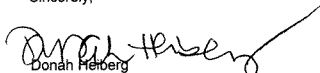
Dear Administrator:

This letter reports findings of a state licensure (monitoring) survey that was conducted on September 1, 2015 by representative(s) 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(s). Should you have any questions please call me at 850-412-4540.

Sincerely,


Donah Heiberg
Field Office Manager

DH/dh
Enclosure

1GGN

