

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/29/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967975	(X3) DATE SURVEY COMPLETED R 10/27/2015
NAME OF PROVIDER OR SUPPLIER HOGAR DULCE HOGAR	STREET ADDRESS, CITY, STATE, ZIP CODE 5597 WENDY LN NAPLES, FL 34112	

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

0000 Initial Comments

A follow-up by desk review was conducted on 10/27/15 for Hogar Dulce Hogar, an assisted living facility in Naples, Florida.

The follow-up was in response to Complaint Survey, CCR# 2015005145 which was completed on 6/26/15.

Based on the facility's supporting documentation, the deficiency was corrected as of 10/27/15.

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11967975	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 10/27/2015
Name of Facility HOGAR DULCE HOGAR	Street Address, City, State, Zip Code 5597 WENDY LN NAPLES, FL 34112	

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
ID Prefix A0163 Reg. # 429.49 FS LSC	Correction Completed 10/27/2015	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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Reviewed By State Agency CMS RO	Reviewed By <i>[Signature]</i>	Date: 10-29-15	Signature of Surveyor: <i>[Signature]</i>	Date: 10-29-15
Reviewed By	Reviewed By	Date:	Signature of Surveyor:	Date:
Followup to Survey Completed on: 6/26/2015			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

October 29, 2015

Administrator
Hogar Dulce Hogar
5597 Wendy Ln
Naples, FL 34112

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted by desk review on October 27, 2015 by a representative of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiency was found corrected on the day of the desk review. **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 and Revisit Report

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