STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967720	**03/24/2016**
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)

[redacted]