

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/18/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968426	(X3) DATE SURVEY COMPLETED 08/02/2016
NAME OF PROVIDER OR SUPPLIER LA COLONIA II ALF INC	STREET ADDRESS, CITY, STATE, ZIP CODE 637-639 SE 12TH CT CAPE CORAL, FL 33990	

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

0000 Initial Comments

An unannounced Relicensure, Limited Nursing Services and Limited Mental Health survey was conducted on 8/2/16 at La Colonia II, an Assisted Living Facility, (license #12331) in Cape Coral, Florida.

No deficiencies were found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 10, 2016

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

Dear Administrator:

This letter reports findings of a state monitoring survey that was conducted on August 2, 2016 by representatives 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 surveyors. 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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