

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 10/21/2016  
FORM APPROVED

|                                                                        |                                                                                            |                                                     |
|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                              | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11968460</b>                | (X3) DATE SURVEY COMPLETED<br><br><b>10/18/2016</b> |
| NAME OF PROVIDER OR SUPPLIER<br><b>ROSA'S CARING HEART<br/>MADISON</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>587 SW BUNKER STREET<br/>MADISON, FL 32340</b> |                                                     |

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

**0000 Initial Comments**

On October 18, 2016 an unannounced Limited Nursing Services (LNS) monitoring visit was conducted at 587 SW Bunker Street, Madison, Florida. License #12370. The facility had no deficiencies at the time of the survey.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
INTERIM SECRETARY

October 21, 2016

Administrator  
Rosa's Caring Heart Madison  
587 Sw Bunker Street  
Madison, FL 32340

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on October 18, 2016 by representative 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. Should you have any questions please call me at 850-412-4540.

Sincerely,

*For*  *Donah Heiberg, M.S.W.*  
Field Office Manager

DH/kc.  
Enclosure

1GGN

