STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968460	R 01/13/2017
NAME OF PROVIDER OR SUPPLIER **ROSA'S CARING HEART MADISON**	STREET ADDRESS, CITY, STATE, ZIP CODE **587 SW BUNKER STREET** **MADISON, FL 32340**	

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

0000 - Initial Comments

An unannounced revisit survey was conducted on 1/13/17. This was for the biennial survey originally completed 11/17/16. A Limited Nursing Services monitoring visit was conducted in conjunction to th revisit at Rosa's Caring Heart Assisted Living Facility, (license #12371). Previously cited deficiences were corrected and new deficiencies were identified at the time of the survey.

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

January 26, 2017

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

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on January 13, 2017 by representatives of this office.

The previously cited deficiencies were found corrected on the day of the revisit. **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 surveyors. 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

DT9D

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