STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968460	**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

On 1/13/17 an unannounced Limited Nursing Services Monitoring visit was conducted in conjunction with a revisit survey at Rosa's Caring Heart, (license #12371). No deficient practice was 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 findings of a state licensure Limited Nursing Services survey that was conducted on January 13, 2017 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 me at 850-412-4540.

Sincerely,

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

DH/kc
Enclosure

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