STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967720	**06/26/2017**
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)

0000 - Initial Comments

An unannounced biennial survey with specialty license limited mental health was conducted at Rosa's Caring Heart Assisted Living Facility, license #11706, in Greenville FL on 6/26/17. A limite nursing services monitoring visit was conducted in conjunction on 6/28/17. At the time of the survey, there were no deficiencies identified.