STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967720	**06/28/2017**
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 Limited Nursing Services monitoring visit was conducted on 6/28/2017 at Rosa's Caring Hearts Assisted Living Facility (license# 11706). This was conducted in conjunction with a biennial standard survey completed on 6/26/2017. No deficient practice was identified at the time of the survey.