

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/01/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967720	(X3) DATE SURVEY COMPLETED 02/15/2018
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 complaint survey for allegations contained within CCR 2017014424 was conducted at Rosa's Caring Heart , license #11706, in Greenville FL on 2/15/2018. At the time of the survey, no deficient practice was identified.