

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 11/19/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967943	(X3) DATE SURVEY COMPLETED 10/25/2018
NAME OF PROVIDER OR SUPPLIER LA COLONIA 1 ALF, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 830 NE 10TH LANE CAPE CORAL, FL 33909	

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

0000 - Initial Comments

An unannounced monitoring survey was conducted 10/25/18 at La Colonia 1, an assisted living facility (license #11909) in Cape Coral, Florida.

No deficiencies were cited as a result of this survey.