

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/04/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967943	(X3) DATE SURVEY COMPLETED 01/02/2019
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 emergency power plan monitoring survey was conducted 01/02/19 at La Colonia #1 ALF, an assisted living facility (license #11909) in Cape Coral, Florida.

At the time of the visit no deficiencies were identified.