

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 06/20/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968426	(X3) DATE SURVEY COMPLETED R 04/17/2019
NAME OF PROVIDER OR SUPPLIER LA COLONIA II ALF INC	STREET ADDRESS, CITY, STATE, ZIP CODE 637-639 SE 12TH CT CAPE CORAL, FL 33990	

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

0000 - Initial Comments

An unannounced revisit survey was conducted on 4/17/19 at La Colonia II ALF Inc., an assisted living facility in Cape Coral, Florida.

This was the fourth follow-up to the relicensure survey completed on 9/27/17.

The previous deficiency was found corrected.