

|                                                                                                        |                                                                                          |                                                     |
|--------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11967916</b>                | (X3) DATE SURVEY COMPLETED<br><br><b>10/28/2014</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>Mi Casita Alf Inc</b>                                           | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>630 Stallings Ave<br/>Delftona, FL 32738</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) |                                                                                          |                                                     |

**Revisit Corrected Tags:**

0008-Admissions - Health Assessment-10/28/2014  
0078-Staffing Standards - Staff-09/09/2014  
0081-Training - Staff In-Service-10/28/2014  
0090-Training - Do Not Resuscitate Orders-10/28/2014



RICK SCOTT  
GOVERNOR  
ELIZABETH DUDEK  
SECRETARY

October 28, 2014

Administrator  
Mi Casita ALF, Inc.  
630 Stallings Avenue  
Deltona, FL 32738

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on October 28, 2014 by a representative of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call this office at (904) 798-4201.

Sincerely,

  
for Jana Meyering, QIDP  
Health Facility Evaluator Supervisor  
Division of Health Quality Assurance

LL/JM/sm  
Enclosure

