

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967916	(X3) DATE SURVEY COMPLETED 02/13/2015
NAME OF PROVIDER OR SUPPLIER Mi Casita Alf Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 630 Stallings Ave Deltona, FL 32738	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

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Specific Tag Findings:

0000-Initial Comments

An Limited Nursing Services survey was conducted on February 13, 2015. Mi Casita ALF Inc had no Licensure deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

February 24, 2015

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

Dear Administrator:

This letter reports findings of a state licensure Limited Nursing Services survey that was conducted on February 13, 2015 by a representative of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

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,

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

LW/JM/sm
Enclosure

