| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11967559 | 02/24/2015 |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| La Casa Assisted Living | 220 N Grove Street Merritt Island, FL 32953 | |
| SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) | | |

**Specific Tag Findings:**

0000-Initial Comments
A biennial re licensure survey in conjunction with a complaint investigation CCR #2014010686 was conducted on 1/21/2015. No deficiencies were found at the time of the visit. The Limited Nursing Survey was conducted on 02/24/2015 no deficiencies were found at the time of the visit.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 6, 2015

Administrator
La Casa Assisted Living
220 N Grove Street
Merritt Island, FL 32953

**RE: Biennial relicensure w/LNS**

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on January 21, 2015, and on February 24, 2015 by representative(s) 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(s). Should you have any questions please call Lorraine Henry at (407) 420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

1GGN

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