

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/02/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968355	(X3) DATE SURVEY COMPLETED 05/26/2015
NAME OF PROVIDER OR SUPPLIER A CASA MANGO ASSISTED LIVING FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 6800 MANGO AVE SO GULFPORT, FL 33707	

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

0000 - Initial Comments

ASSISTED LIVING FACILITY

On 05/26/15 a Limitd Nursing Services (LNS) monitoring visit was conducted

A Casa Mango Assisted Living Facility, Inc., an Assisted Living Facility, had no deficiencies at the time of the Monitoring Visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 2, 2015

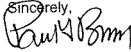
Administrator
A Casa Mango Assisted Living Facility
6800 Mango Ave So
Gulfport, FL 33707

Dear Administrator:

This letter reports findings of a limited nursing services (LNS) monitoring visit that was conducted on May 26, 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 **Paul Brown**, HFES at (727) 552-2000.

Sincerely,

for Patricia Reid Cauffman
Field Office Manager

PRC/clt
Enclosure: State (5000-3547) Form

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone:(727) 552-2000; Fax:(727) 552-1162
AHCA.MyFlorida.com



Facebook.com/AHCAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida