

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/28/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964602	(X3) DATE SURVEY COMPLETED 10/14/2015
NAME OF PROVIDER OR SUPPLIER MI CASITA ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 13562 SW 38 LANE MIAMI, FL 33175	

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

0000 Initial Comments

An Extended Congregate Care (ECC) Monitoring Survey was conducted on October 14, 2015. Mi Casita ALF with Extended Congregate Care and Limited Mental Health components had no deficiencies identified under the surveyed component.



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

October 28, 2015

Administrator
Mi Casita Alf
13562 Sw 38 Lane
Miami, FL 33175

Dear Administrator:

This letter reports findings of an Extended Congregate Care monitoring survey that was conducted on October 14, 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 Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

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