

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/18/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967515	(X3) DATE SURVEY COMPLETED 07/05/2016
NAME OF PROVIDER OR SUPPLIER MI CASA ADULT LIVING FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 6856 ST AUGUSTINE ROAD JACKSONVILLE, FL 32217	

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

0000 Initial Comments

A complaint investigation (CCR#2016005238) was conducted at Mi Casa Adult Living Facility (License # 11548) on 7/5/2016. Mi Casa Adult Living Facility had no deficiencies at the time of the investigation.



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

July 18, 2016

Administrator
Mi Casa Adult Living Facility
6856 St. Augustine Road
Jacksonville, FL 32217

RE: CCR #2016005238

Dear Administrator:

This letter reports the findings of a complaint survey completed on July 5, 2016 by a representative of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this 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 contact this office at (904) 798-4201.

Sincerely,

Jara Meyer, QHP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JS/JM/sm
Enclosure

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