

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/28/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965547	(X3) DATE SURVEY COMPLETED 09/14/2016
NAME OF PROVIDER OR SUPPLIER MITCH CORPORATION	STREET ADDRESS, CITY, STATE, ZIP CODE 2907 NORTH BOULEVARD TAMPA, FL 33602	

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

0000 Initial Comments

Assisted Living Facility

An abbreviated biennial survey was completed on 9/14/2016 at Micht Corporation Assisted Living Facility . Micht Corporation Assisted Living Facility had no deficient practice identified during survey.

License: 9914



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 28, 2016

Administrator
Micht Corporation
2907 North Boulevard
Tampa, FL 33602

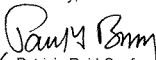
Dear Administrator:

This letter reports findings of a abbreviated biennial state licensure survey that was conducted on September 14, 2016 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

Patricia Reid Kaufman
Field Office Manager

PRC/clt
Enclosure

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