STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967515	**11/15/2016**
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

On November 15, 2016 an unannounced abbreviated licensure survey was conducted at Mi Casa Adult Living Facility (License #11548). Deficient Practice was not identified during the survey.

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

November 21, 2016

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

Dear Administrator:

This letter reports findings of a state licensure abbreviated survey that was conducted on November 15, 2016 by a representative 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. Should you have any questions please call this office at (904) 798-4201.

Sincerely,

Jana Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JS/JM/sm
Enclosure

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