

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967419	(X3) DATE SURVEY COMPLETED 12/01/2016
NAME OF PROVIDER OR SUPPLIER NUESTRA CASA	STREET ADDRESS, CITY, STATE, ZIP CODE 1906 NORTH A ST LAKE WORTH, FL 33460	

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

0000 - Initial Comments
An unannounced licensure complaint survey, CCR#2016010775, was conducted on 12/01/2016 at Nuestra Casa (License #11471). The facility had no deficiencies at the time of the survey. This survey was conducted in conjunction with the Relicensure Revisit Survey. See separate report for findings.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

December 15, 2016

Administrator
Nuestra Casa
1906 North A St
Lake Worth, FL 33460

RE: CCR #2016010775

Dear Administrator:

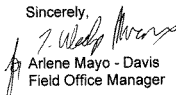
This letter reports the findings of a Complaint Survey completed on December 1, 2016 by a representative from this office.

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 representative. Should you have any questions, please contact this office at (561) 381-5840.

Sincerely,


Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

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