

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/10/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967559	(X3) DATE SURVEY COMPLETED 12/29/2016
NAME OF PROVIDER OR SUPPLIER LA CASA ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 220 N GROVE STREET MERRITT ISLAND, FL 32953	

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

0000 - Initial Comments

On December 29, 2016 a Limited Nursing Services (LNS) monitoring visit was conducted. La Casa Assisted Living, license #11568. The facility had no deficiencies at the time of the visit.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

January 11, 2017

Administrator
La Casa Assisted Living
220 N Grove Street
Merritt Island, FL 32953

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on December 29, 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 Lorraine Henry at (407) 420-2502.

Sincerely,


Theresa DeCanio, RN
Field Office Manager

TDC:clr
Enclosure

1GGN

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