

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/17/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967559	(X3) DATE SURVEY COMPLETED R 04/12/2017
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

A revisit to the re-licensure survey with Limited Nursing Services (LNS) was conducted on April 12, 2017. La Casa Assisted Living, license #11568, had no deficiencies at the time of the visit.