

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 04/28/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968355	(X3) DATE SURVEY COMPLETED R 04/17/2017
NAME OF PROVIDER OR SUPPLIER A CASA MANGO ASSISTED LIVING FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 6800 MANGO AVE SO GULFPORT, FL 33707	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility An unannounced Revisit to 2/23/17 Complaint (CCR# 2016014397) survey was conducted on 4/17/17. The A Casa Mango Assisted Living Facility, License # 12273, had corrected all deficiencies by the time of this revisit.		