STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968355	**04/26/2017**
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

A monitoring visit for closure was conducted at A Casa Mango Assisted Living Facility on 4/26/2017. A Casa Mango Assisted Living Facility had no deficient practice identified at the time of the visit.

(Licence # 12273)