STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968355	**06/02/2017**
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 on 6/02/17. The property is locked up. It was determined that the facility is closed.