STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964602	R **01/17/2018**
NAME OF PROVIDER OR SUPPLIER **MI CASITA ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **13562 SW 38 LANE** **MIAMI, FL 33175**	

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

0000 - Initial Comments

A Standard Biennial Survey Revisit was conducted on January 17, 2018. Mi Casita ALF (AL #9214) with Limited Mental Health component did not have deficiencies identified at the time of the survey.