

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/29/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967515	(X3) DATE SURVEY COMPLETED R 01/28/2019
NAME OF PROVIDER OR SUPPLIER MI CASA ADULT LIVING FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 6856 ST AUGUSTINE ROAD JACKSONVILLE, FL 32217	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments All of the deficiencies were found corrected at the time of the desk review.		