

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 06/06/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966182	(X3) DATE SURVEY COMPLETED 05/28/2014
NAME OF PROVIDER OR SUPPLIER Casa Marisa li Alf Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 2930 Sw 114 Avenue Miami, FL 33165	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

An Limited Nursing Monitoring survey was conducted on 05/28/2014. Casa Marisa II Assisted Living Facility Inc had no deficiencies at the time of the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 6, 2014

Administrator
Casa Marisa II Alf Inc
2930 Sw 114 Avenue
Miami, FL 33165

Dear Administrator:

This letter reports findings of a Limited Nursing Services Monitoring Survey that was conducted on May 28, 2014 by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Kristal Branton, Health Facility Evaluator at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD:kb
Enclosure

1GGN

