STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942941	01/12/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Casa Marisa Alf Inc	**7435 Sw 23 Street Miami, FL 33155**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0078-Staffing Standards - Staff-01/12/2015

Revisit Repeat Tags:

Revisit New Tags:

Specific Tag Findings:

0000-Initial Comments

A Limited Nursing Services Monitoring Survey Revisit was conducted on January 12, 2015. Casa Marisa ALF had no deficiencies at time of survey.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 23, 2015

Administrator
Casa Marisa Alf Inc
7435 Sw 23 Street
Miami, FL 33155

Dear Administrator:

This letter reports the findings of a limited nursing services monitoring survey revisit conducted on January 12, 2015 by representative(s) of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit.

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 Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Feild Office Manager

AMD:kb
Enclosure

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