

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966182	(X3) DATE SURVEY COMPLETED 03/05/2015
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

A limited nursing services survey monitoring was conducted on March 5th, 2015. Casa Marisa li Alf Inc. did not have deficiencies found at time of the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 18, 2015

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

Dear Administrator:

This letter reports findings of a extended congregate care monitoring survey that was conducted on March 5, 2015 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 Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure

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