STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966182	**05/15/2017**
NAME OF PROVIDER OR SUPPLIER **CASA MARISA II ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2930 SW 114 AVENUE** **MIAMI, FL 33165**	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on . Casa Marisa II ALF, Inc had deficiencies found at the time of the survey. (Facility license #10418.)

0077 - Staffing Standards - Administrators - 429.176 FS; 58A-5.019(1) FAC

Based on observation, record review and interview facility failed to ensure their Administrator did not serve as an administrator of another facility.

Findings included:

Observation on from 9:30 am - 2:20 pm revealed Staff A was in the facility working.

A review of the Facility Provider Locator database reflected that Staff A acted as Administrator for two assisted living facilities.

On at 9:30 am, Staff A stated, "I am Manager of this facility. However, I am in the process to assign another Administrator. We are going to send a change of administrator to AHCA. "

Class III

0125 - Fiscal - Surety Bonds - 429.27(2) FS; 58A-5.021(3) FAC

Based on observation, record review and interview the facility, who is the payee for two of five sampled residents (Residents # 1 and 2), failed to have a surety bond.

Findings included:

Observation on at 9:00 am revealed Resident #1 living in # and Resident #2 in # .

On at 11:00 am Staff A stated the facility acted as payee for Residents # 1 and 2.

A review of facility record revealed that there was no surety bond.

On at 11:56 am, Staff A stated , "I have to apply for the Surety Bond."

Class III