

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/01/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966182	(X3) DATE SURVEY COMPLETED R 07/18/2017
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 07/18/17. Casa Marisa II ALF, with a standard license #10418 had no deficiencies found at the time of the survey.		