

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/29/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11942941	(X3) DATE SURVEY COMPLETED R 08/09/2017
NAME OF PROVIDER OR SUPPLIER CASA MARISA ALF INC	STREET ADDRESS, CITY, STATE, ZIP CODE 7435 SW 23 STREET MIAMI, FL 33155	

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

0000 - Initial Comments

A Standard Biennial Revisit Survey was conducted on August 9th, 2017. Casa Marisa ALF Inc. with license #8366 had deficiencies identified at time of the survey and cited under limited mental health expansion survey.