

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/13/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11942941	(X3) DATE SURVEY COMPLETED R 03/29/2018
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 Limited Mental Health Expansion Third Revisit Survey was conducted on March 29, 2018 . Casa Marisa ALF Inc. (license #8366) had no deficiencies identified at the time of the survey.