| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11942941 | R<br>01/23/2019 |
| NAME OF PROVIDER OR SUPPLIER<br>**CASA MARISA ALF INC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**7435 SW 23 STREET**<br>**MIAMI, FL 33155** | |

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

**0000 - Initial Comments**

A Complaint (CCR #2018012582) revisit was conducted on . . . . . Casa Marisa ALF, Inc. had the following deficiency at the time of the survey:

**0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC**

Based on record review and interview the facility failed to notify a license physician when a resident exhibited signs of . . . . . or . . . . . or had a change in condition for one of six sampled Residents. (Resident 2)

Findings Included:

Review of the facility's admission and discharge log showed a discharge date .

Review of Resident #2's record on , , showed resident had decline in condition that consisted of having multiple . . No documentation was noted in file that the physician was made aware of the decline. On , , the record showed the last health assessment was dated . . . . .

On . . . . . , . . . at around 10:50 AM the Administrator stated she informed Resident #2's daughter of the decline in condition, multiple and that Resident #2 was not appropriate to remain in the facility, but she had not taken any further action because the daughter did not want the resident to move. The administrator further stated that she did not inform the physician of Resident #2's decline.

On , , at 1:40 PM, the Administrator stated, "Her sister took her from the facility because I had discussed with her that she was no longer accepted at the facility because of her health change."

Uncorrected
Class III